Achieving Health and Safety for All: A Critical Conversation Exploring the Root Causes of Violence

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Midwest Injury Prevention Alliance Summit

WE ❤ Public Health

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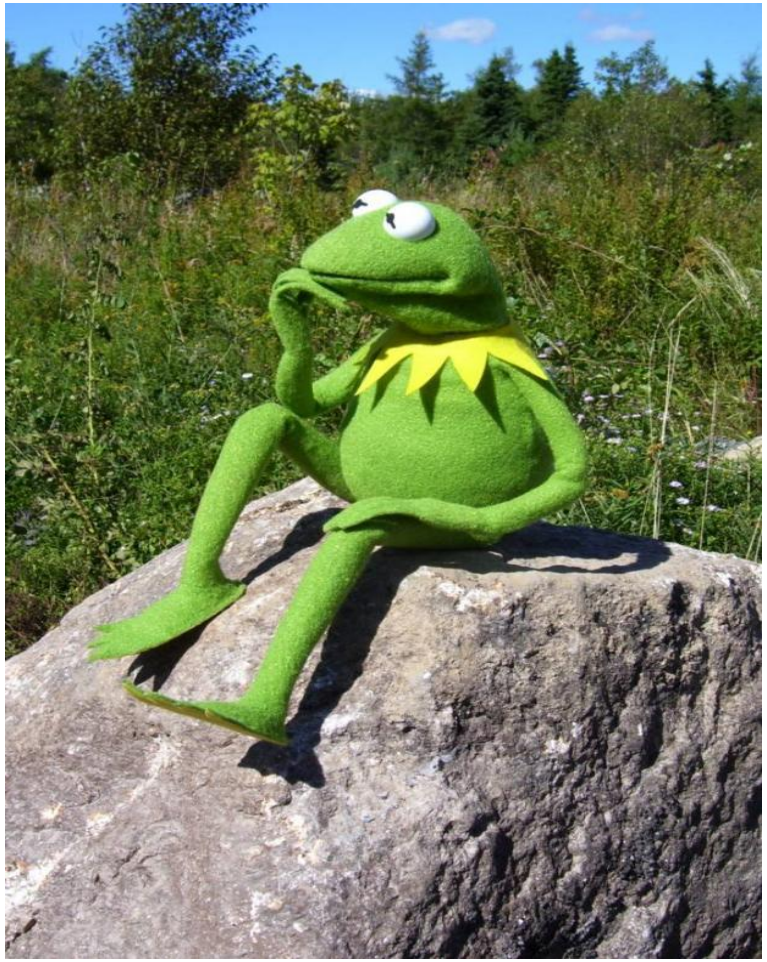
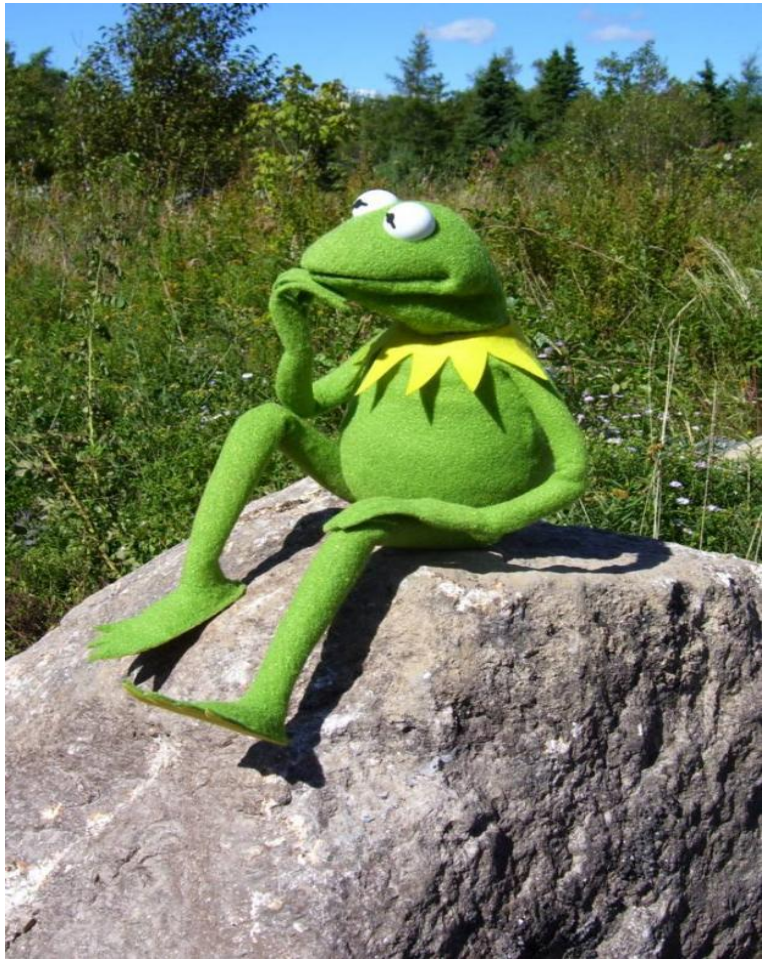
Is violence a public health issue?



Is violence a public health issue?

- Epidemic
- Clusters of Violence
- Transmission of Violence
- Violence is not inevitable



My Hometown: Brooklyn, NY

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We Normalize It Through Entertainment

WORLDSTAR HIP HOP

A look beyond the numbers

“Shell shocked: Gun Violence in NOLA

“I’d say a gun is easier to get than a text book here.”

GONE
WE MISS
YOU
AMARIE

A Public Health Approach

Simplifying the message: What do I tell my grandparents?

- We know violence is preventable
- Too many people are dying too soon
- It's not about taking your guns away
- We address ***the things*** that cause violence so we can stop it
- We need more answers…

Housing

Education

Access

Employment

Concentrated Disadvantage

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Concentrated Disadvantage

- Measures poverty, unemployment and low wage jobs
- Poverty is a key factor
- Majority of poor people in the US are White but they are less likely to live in neighborhoods of concentrated disadvantage
- Impacts of legally enforced segregation, federal housing policies & bank lending practices
- Limits access to basic services
- Higher rates of violence in concentrated disadvantage neighborhoods
- Limits community control

Where people live…

- Acts as a large determinant of our health
  - Historical and systemic oppression:
  - Disinvestment
  - Deteriorating infrastructure
- It's not about "bad people" in bad neighborhoods

Where people live…

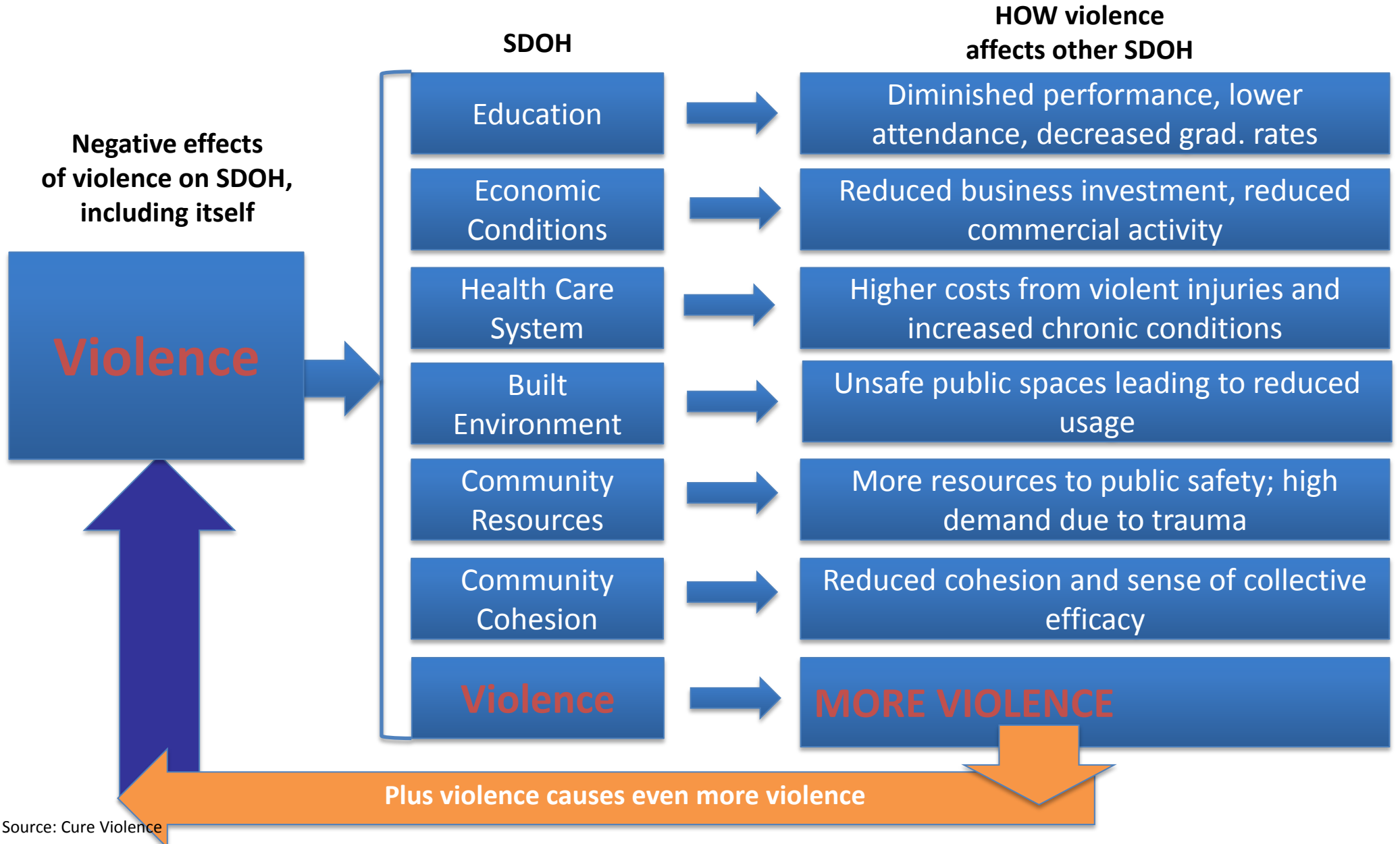
- In a survey conducted in 1977, 42% of Whites felt that “White people have the right to keep Blacks out of their neighborhoods and Blacks should respect that right.”

Where people live…

- When public housing projects look like prisons, for example, the community environment becomes a factor that creates trauma.”

  -Howard Pinderhughes

Social Determinants of Health & Violence



Source: Cure Violence

"It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural and physical environment conspire against such change."

-Institute of Medicine

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AMERICAN PUBLIC HEALTH ASSOCIATION

For science. For action. For health.

We optimize the conditions in which people are born, grow, live, work, learn and age. We work with other sectors to address the factors that influence health, including employment, housing, education, health care, public safety and food access. We name **racism** as a force in determining how these social determinants are distributed.

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Racism

- A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that
  - Unfairly disadvantages some individuals and communities
  - Unfairly advantages other individuals and communities
  - Saps the strength of the whole society through the waste of human resources

Source: Camara P. Jones, MD, MPH, PhD

ICERD

- *International Convention on the Elimination of all forms of Racial Discrimination*
- International anti-racism treaty adopted by the UN General Assembly in 1965

ICERD

- US signed in 1966
- US ratified in 1994

Racism

- It appears we act more quickly against “racist or racist remarks” than we do with racism…

Levels of Racism

- Institutionalized
- Personally-mediated
- Internalized

Source: Camara P. Jones, MD, MPH, PhD

Institutionalized Racism

- Differential access to the goods, services, and opportunities of society, by “race”
- Examples
  - Housing, education, employment, income
  - Medical facilities
  - Clean environment
  - Information, resources, voice
- Explains the association between social class and “race”

APHA Brown Bag 2016: Jones CP. Levels of Racism: A Theoretic Framework and a Gardener’s Tale. ***Am J Public Health*** **2000;90(8):1212-1215.**

Personally-mediated Racism

- Differential assumptions about the abilities, motives, and intents of others, by “race”
- Differential actions based on those assumptions
- Prejudice and discrimination
- Examples
  - Police brutality
  - Physician disrespect
  - Shopkeeper vigilance
  - Waiter indifference
  - Teacher devaluation

APHA Brown Bag 2016: Jones CP. Levels of Racism: A Theoretic Framework and a Gardener’s Tale. ***Am J Public Health*** **2000;90(8):1212-1215.**

Internalized Racism

- Acceptance by the stigmatized “races” of negative messages about our own abilities and intrinsic worth
- Examples
  - Self-devaluation
  - White man’s ice is colder
  - Resignation, helplessness, hopelessness
- Accepting limitations to our full humanity

APHA Brown Bag 2016: Jones CP. Levels of Racism: A Theoretic Framework and a Gardener’s Tale. ***Am J Public Health*** **2000;90(8):1212-1215.**

Racism & Violence

- Accepted misconceptions
  - Black on Black Crime
  - People of color are more prone to violence and criminal behavior
- Higher incarceration rates for similar crimes as their counterparts
- Mass incarceration and criminalization
  - Jim Crow
  - Mass Lynching

Measuring Institutionalized Racism

- Scan for evidence of "racial" disparities
  - "Could racism be operating here?"
  - Routinely monitor outcomes as well as opportunities by "race"

- Identify mechanisms
  - "How is racism operating here?"
  - **Structures:** the *who?*, *what?*, *when?*, and *where?* of decision-making
  - **Policies:** the written *how?*
  - **Practices and norms:** the unwritten *how?*
  - **Values:** the *why?*

APHA Brown Bag Presentation 2016- Jones CP. Confronting Institutionalized Racism. ***Phylon*** **2003;50(1-2):7-22.**

How do you tell the story?

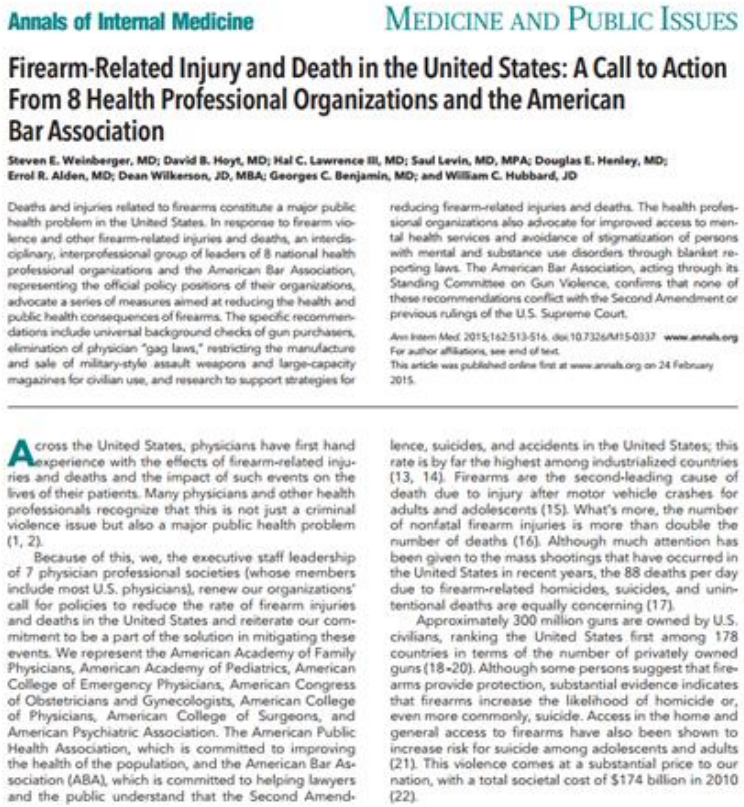
- How are data used?
- What data are used?

How do we fit in?

- Meaningful public participation
- Talk open and honestly about race and racism
- Limiting access to weapons
- Change the narrative
- Working across multiple sectors
- Measuring and monitoring social impact
  - Truly tracking progress
  - Are we making a difference?
- Displacing families is not the answer
  - Encourage community investment
  - Address racial segregation (60-80% of blacks or whites would need to move to a different neighborhood in order to integrate most U.S. cities)

Partnerships

- American Academy of Pediatrics
- Brady Campaign
- Center for American Progress
- Doctors for America



Annals of Internal Medicine MEDICINE AND PUBLIC ISSUES

Firearm-Related Injury and Death in the United States: A Call to Action From 8 Health Professional Organizations and the American Bar Association

Steven E. Weinberger, MD; David B. Hoyt, MD; Hal C. Lawrence III, MD; Saul Levin, MD, MPA; Douglas E. Henley, MD; Errol R. Alden, MD; Dean Wilkerson, JD, MBA; Georges C. Benjamin, MD; and William C. Hubbard, JD

Deaths and injuries related to firearms constitute a major public health problem in the United States. In response to firearm violence and other firearm-related injuries and deaths, an interdisciplinary, interprofessional group of leaders of 8 national health professional organizations and the American Bar Association, representing the official policy positions of their organizations, advocate a series of measures aimed at reducing the health and public health consequences of firearms. The specific recommendations include universal background checks of gun purchasers, elimination of physician "gag laws," restricting the manufacture and sale of military-style assault weapons and large-capacity magazines for civilian use, and research to support strategies for reducing firearm-related injuries and deaths. The health professional organizations also advocate for improved access to mental health services and avoidance of stigmatization of persons with mental and substance use disorders through blanket reporting laws. The American Bar Association, acting through its Standing Committee on Gun Violence, confirms that none of these recommendations conflict with the Second Amendment or previous rulings of the U.S. Supreme Court.

Ann Intern Med. 2015;162:513-516. doi:10.7326/M15-0337 www.annals.org
For author affiliations, see end of text.
This article was published online first at www.annals.org on 24 February 2015.

Across the United States, physicians have first hand experience with the effects of firearm-related injuries and deaths and the impact of such events on the lives of their patients. Many physicians and other health professionals recognize that this is not just a criminal violence issue but also a major public health problem (1, 2).

Because of this, we, the executive staff leadership of 7 physician professional societies (whose members include most U.S. physicians), renew our organizations' call for policies to reduce the rate of firearm injuries and deaths in the United States and reiterate our commitment to be a part of the solution in mitigating these events. We represent the American Academy of Family Physicians, American Academy of Pediatrics, American College of Emergency Physicians, American Congress of Obstetricians and Gynecologists, American College of Physicians, American College of Surgeons, and American Psychiatric Association. The American Public Health Association, which is committed to improving the health of the population, and the American Bar Association (ABA), which is committed to helping lawyers and the public understand that the Second Amendment is not a barrier to sensible firearm regulation, support many of the policies we recommend.

Violence is a complex problem with many causes and contributing factors. Although mental illness is frequently cited as a cause of violence, persons with mental illness commit only a small proportion of violent acts (3–5). Violence is influenced by the availability of weapons, substance abuse, and the quality of parenting, education, and economic opportunity (6–12). Violence is also influenced by the way in which society portrays violence and violent persons.

Violence is a major public health problem in the United States. The U.S. homicide rate is 3 times higher than the rate in other high-income countries, largely because of firearm violence, suicides, and accidents in the United States; this rate is by far the highest among industrialized countries (13, 14). Firearms are the second-leading cause of death due to injury after motor vehicle crashes for adults and adolescents (15). What's more, the number of nonfatal firearm injuries is more than double the number of deaths (16). Although much attention has been given to the mass shootings that have occurred in the United States in recent years, the 88 deaths per day due to firearm-related homicides, suicides, and unintentional deaths are equally concerning (17).

Approximately 300 million guns are owned by U.S. civilians, ranking the United States first among 178 countries in terms of the number of privately owned guns (18–20). Although some persons suggest that firearms provide protection, substantial evidence indicates that firearms increase the likelihood of homicide or, even more commonly, suicide. Access in the home and general access to firearms have also been shown to increase risk for suicide among adolescents and adults (21). This violence comes at a substantial price to our nation, with a total societal cost of $174 billion in 2010 (22).

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Coalitions

- Injury and Violence Prevention Network
- **Intersectional Council Gun Violence Prevention Workgroup**
- Movement Towards Violence As a Health Issue
- **National Firearm Injury and Gun Violence Prevention Partnership**
- STRYVE Action Council
- UNITY

Youth Focus Groups

What are the youth saying?

- Active adults/mentors
- Employment
- School
- Options/opportunities
- LISTEN

Youth Focus Groups- Washington, DC

- "All I was doing was waiting for the bus when the officer approach me and asked me 'why was I there?'"
- "The police have been called on me more since more White people started moving in my neighborhood."
- "I don't go to school because too many people fight and the teachers don't care."
- "What's the point in talking to anyone, they don't listen anyway."

Advocacy

- Action Alerts
- Sign-on letters
- APHA Supports:
  - Better/Enhanced Surveillance-NVDRS
  - More Research/funding for research
  - Common Sense Gun Policies
  - Gun Safety Technology

GET THE FACTS

Gun Violence Prevention

Guns have potential to greatly amplify violence, as they can inflict serious—often deadly—injuries on many individuals in a short time. In the United States, gun violence is a major public health problem and a leading cause of premature death.

BURDEN OF GUN VIOLENCE

The burden of gun violence in the United States vastly outpaces that in comparable countries:

- 80 percent of all firearm deaths in about two dozen populous, high-income countries—including Australia, France, Italy, Spain, the United Kingdom and 18 others—occur in the U.S., and 87 percent of all children ages 0 to 14 killed by firearms in this group of nations are U.S. children killed in the United States.[1]
- In 2010, 30,000 people in the United States died as a result of gun violence and nearly an additional 60,000 suffered from non-fatal gun related injuries.[2]

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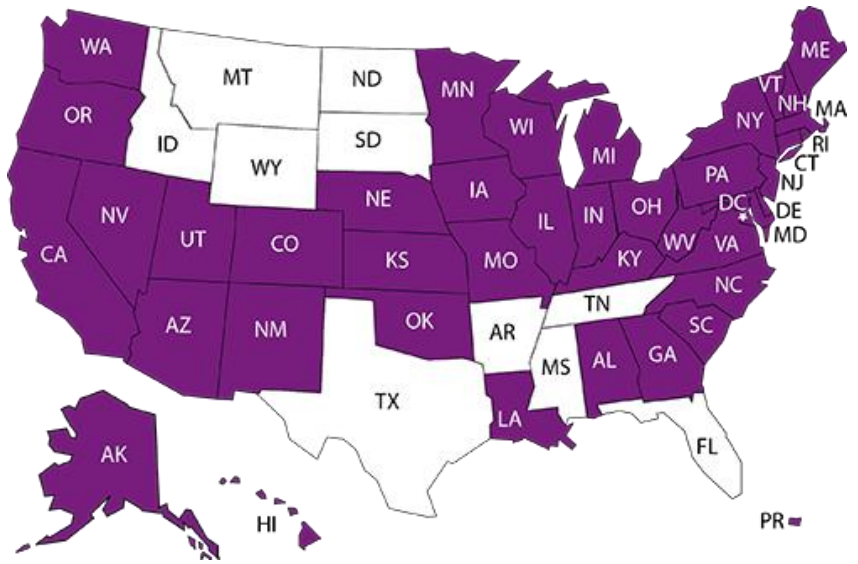
Communication

- Gun Violence topics page
- News Interviews
- Op-eds
- Social Media messaging
- Education/Awareness

National Violent Death Reporting System

APHA working with CDC is:

- Partnering with law enforcement agencies
- Goal is to increase utilization and awareness
- Educate on the utility of NVDRS



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Must Move Past-“Us vs. Them” Mentality

- Halts progress
- Divisive
- Undermines the issue

APHA's Generation Public Health

- Build a nation of safe healthy communities
- Ensure social justice
- Help all Americans achieve at least a high school education

Generation Public Health: How?

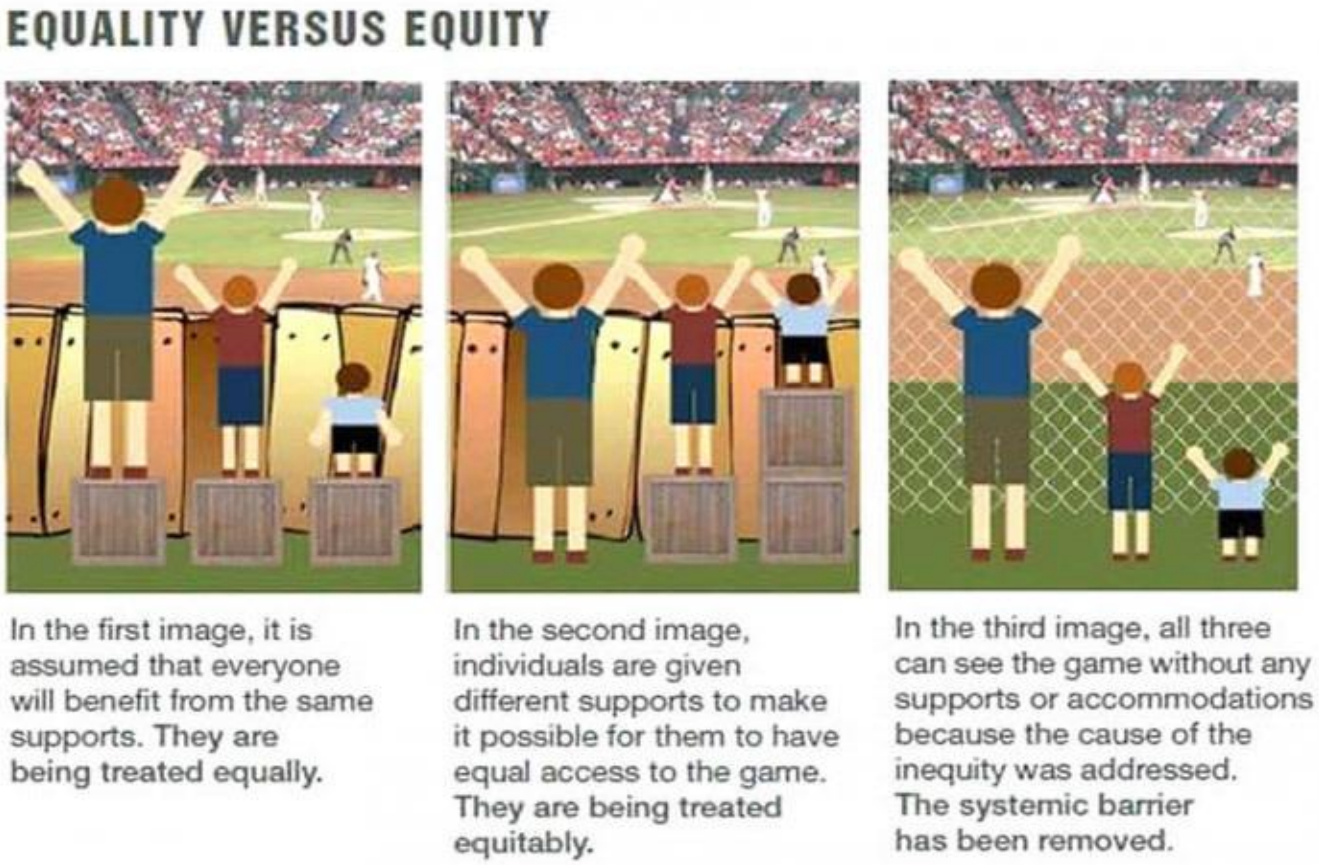
- Collective action
  - City wide strategies
- Building upon resilience
- Implement proven strategies
  - Restorative Justice
  - Improve public spaces
  - Graduation
- Direct investment in communities
  - Social capital
- We all have a role-find yours!

The Road Ahead

- Violence beyond criminal justice (housing, education, employment, community orgs.)
- Addressing racism within the context of violence
  - Confront structural racism
- Street outreach and interruption in neighborhoods
- Meaningful employment for young people
- Improve data collection and usage of data
- Reduce exposure to violence
- Dismantle the structures that exacerbate violence
- Help to change community conditions and avoid blaming

The Impact of Racism on Health

Equality vs. Equity



ABOUT APHA

The American Public Health Association champions the health of all people and all communities. We strengthen the profession of public health, promote best practices and share the latest public health research and information. We are the only organization that influences federal policy, has a 140-plus year perspective and brings together members from all fields of public health. Learn more at www.apha.org.

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