



Gun Violence As A Public Health Issue

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Racial and Ethnic Approaches to Community Health

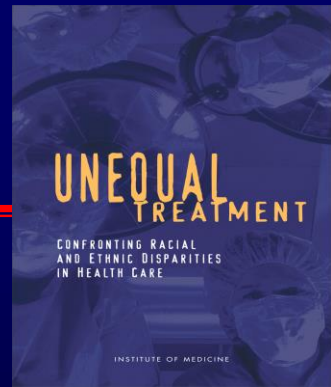
Wednesday – December 7, 2016

9:00am – 11:00am

Presentation Outline

- ✓ Setting the Stage
- ✓ Brief Overview
 - Health Disparities & Equity
 - Historical & Contemporary Accounts
- ✓ Public Health & Violence
- ✓ Social Transformation Movements
 - Lessons Learned
 - OHSU – Gun Violence As A Public Health Issue

UNEQUAL TREATMENT



Charge

- Congress, in 1999, requested an Institute of Medicine study to:
 - 1) Assess the degree to which racial and ethnic minorities and non-minorities differed in the types and quality of health services received;
 - 2) Explore factors that may contribute to these disparities in care; and
 - 3) Recommend policies and practices to eliminate these disparities.

Summary of Findings

- Racial and ethnic disparities in health care exist.
- Racial and ethnic disparities in health care occur in the context of broader historic and contemporary social and economic inequality.
- Many sources – including health systems, health care providers, patients, and utilization managers – contribute to racial and ethnic disparities in health care.

Health Disparity in Public Health – Operational Definition

- Quantitative measures: rates, percents, means...
- The Quantity that separates a group from a reference point on a particular measure of health
- Calls attention to differences in health between groups regardless of cause
- Can be measured in absolute or relative terms

What is “Health Equity”?

Health Equity is
attainment of the highest level of health
for all people.

Achieving health equity
requires valuing everyone equally
with focused and ongoing societal efforts to address avoidable inequalities,
historical and contemporary injustices, and the elimination of health and
healthcare disparities.

A Legacy...

Throughout U.S. history, certain groups of people have experienced poor health conditions and discrimination

- Native Americans
- African Americans
- Hispanics
- Japanese Americans
- Poor, unemployed, homeless

A Brief Historical Perspective

AFRICAN AMERICAN CITIZENSHIP STATUS & HEALTH EXPERIENCE FROM 1619 TO 2016

TIME SPAN	CITIZENSHIP STATUS -YRS	% of U.S. EXPERIENCE	STATUS*	HEALTH & HEALTH SYSTEM EXPERIENCE
1619-1865	246	62%	Chattel slavery	Disparate/inequitable treatment; poor health status & outcomes. "Slave health deficit" & "Slave health sub-system" in effect
1865-1965	100	25%	Virtually no citizenship rights	Absent or inferior treatment and facilities. <i>De jure</i> segregation/ discrimination in South, <i>de facto</i> throughout most of health system. "Slave health deficit" uncorrected
1965-2016	51	13%	Most citizenship rights	Southern medical school desegregation [1948], Imhotep Hospital Integration Conferences [1957-1964], hospital desegregation in federal courts [1964]. Disparate health status, outcomes, and services with apartheid, discrimination, institutional racism and bias in effect.
1619-2016	397	100.00%	<i>Struggle continues</i>	<i>HEALTH DISPARITIES/ INEQUITIES</i>

The Black Health Crisis

- Blacks lead in 13 of 15 leading causes of death; higher rates for many major diseases, including heart diseases, stroke, cancer, asthma, influenza and pneumonia, diabetes, HIV/AIDS, and homicide.
- African Americans have the highest homicide rate. Whereas homicide is the second leading cause of death for people 15 to 24 years of age, it is *the* leading cause of death for African Americans in that same age group (Centers for Disease Control and Prevention [CDC] , 2000a).
- Children exposed to violence are more likely to abuse drugs and alcohol; suffer from depression, anxiety, and post-traumatic disorders; fail or have difficulty in school; and become delinquent and engage in criminal behavior.

Data Sources: HHS, Office of Minority Health, 2012, <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=61>;
NASW, 2016: http://www.naswdc.org/practice/adolescent_health/ah0203.asp; USDOJ, Office of Juvenile Justice and Delinquency Prevention, 2009:
<https://www.justice.gov/defendingchildhood/facts-about-children-and-violence>

Social Injustice and Health Disparities

- *Why treat illness and send people back to live in the same conditions that made them sick in the first place?*
- Effective action to eliminate health inequities demands a perspective and conceptual framework grounded in values of social justice.
- Otherwise...[we will continue to] rely [only on] cures, treatments, or individual interventions, rather than transforming institutions that cause health inequities...



A Framework for Understanding Health Disparities



Problem Example: Adolescent Violence

DISCIPLINE

QUESTIONS

Epi-biostat



What are the incidence and prevalence of the types of violence?

Economist



What are the costs? How are costs measured?

Behavioral science



What is the role of individual behavior?
What are risk factors for intentional injury?

Environmental science



What are environmental risk factors?

Political science



What public policy changes are needed?

Social science

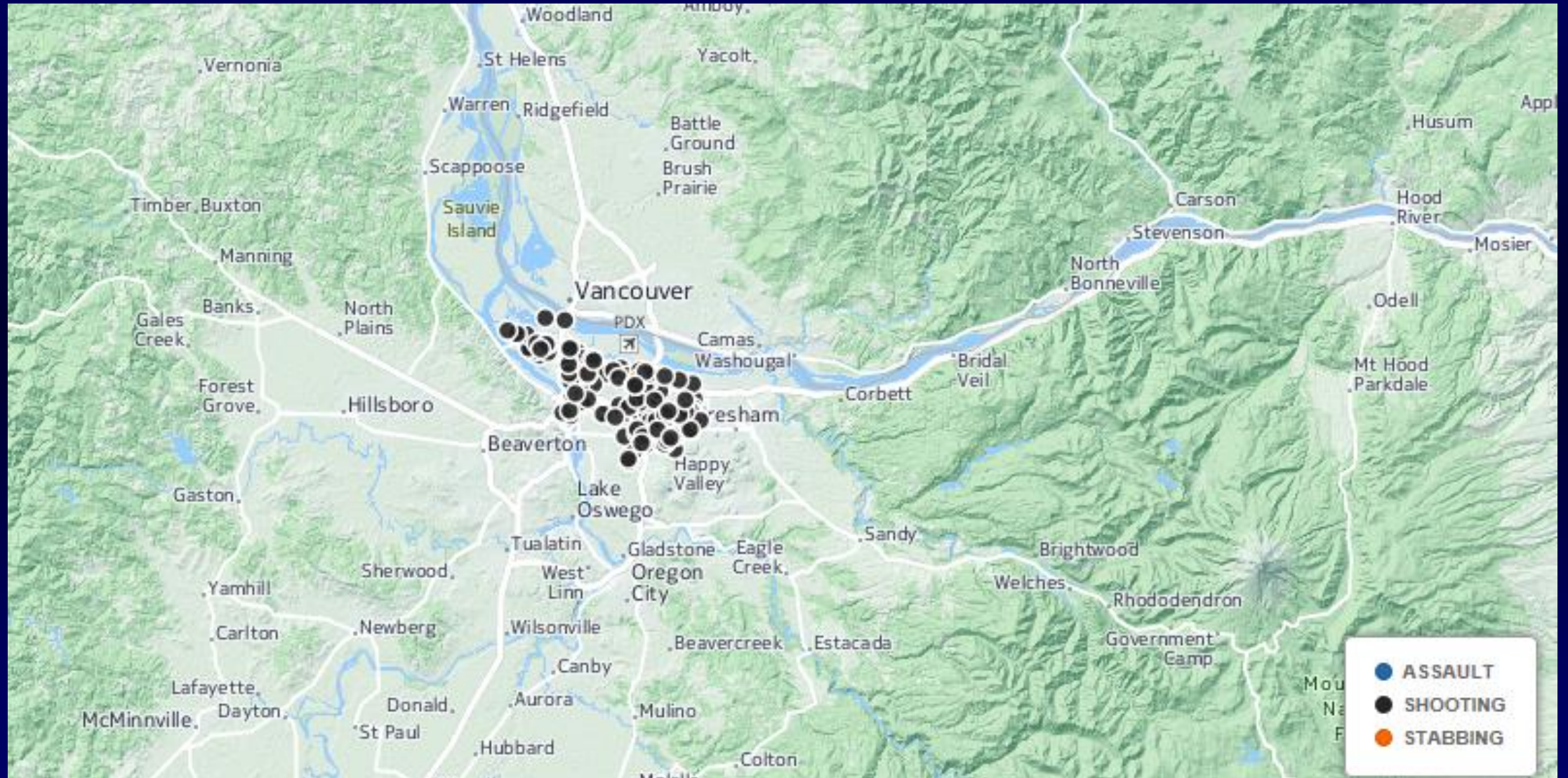


What are the social and group influences?

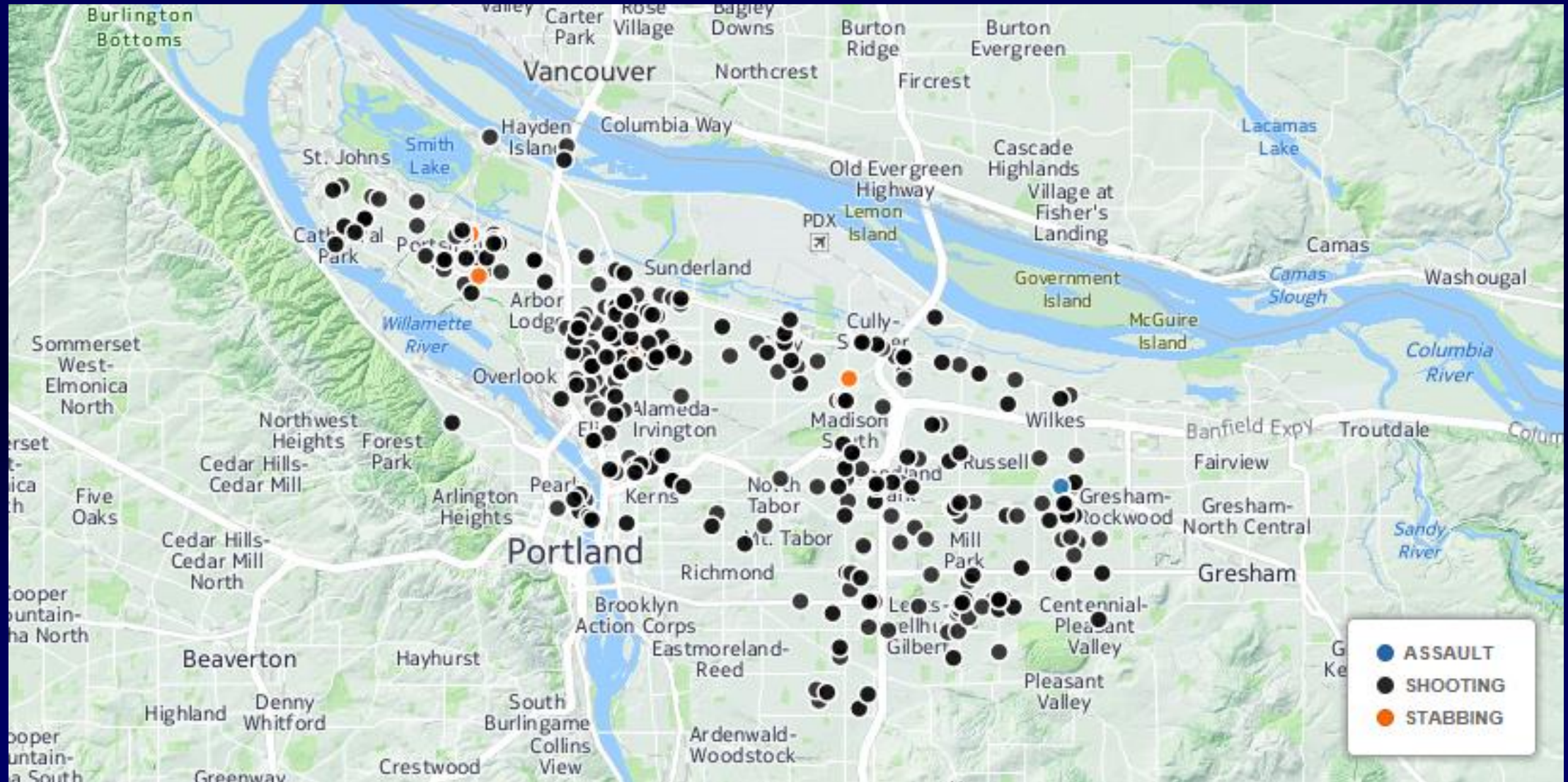
PPB: Gangs blamed for one of PDX's most violent months



2015-2016 Portland Gang Violence



2015-2016 Portland Gang Violence

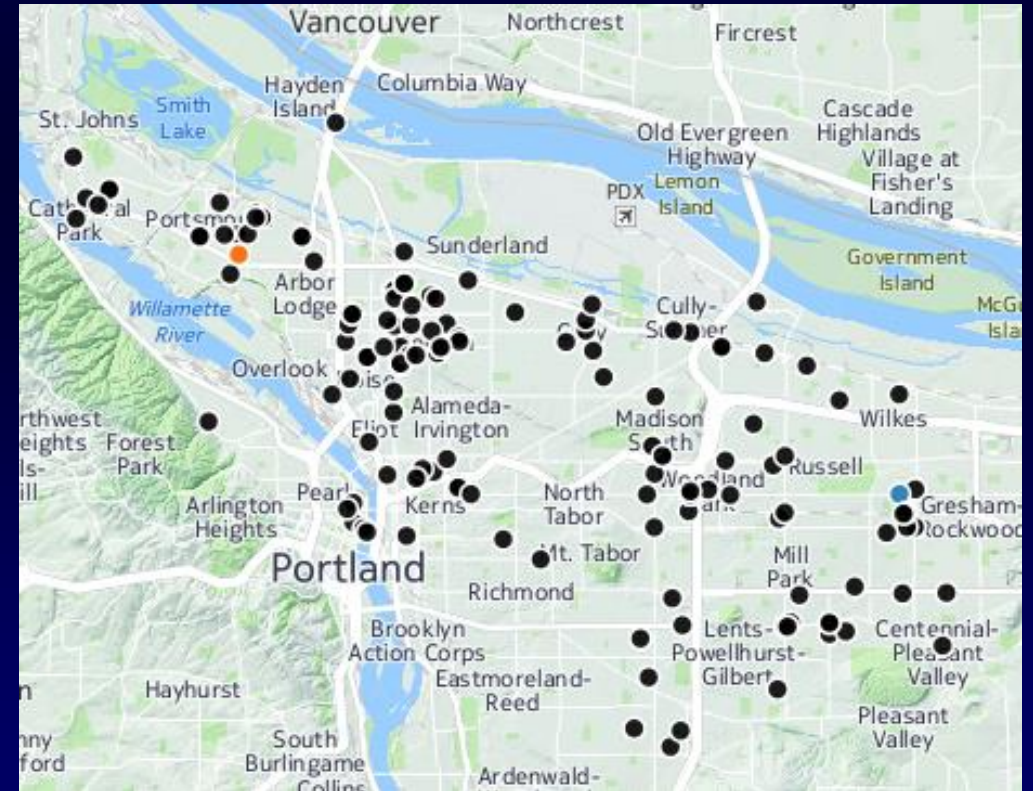
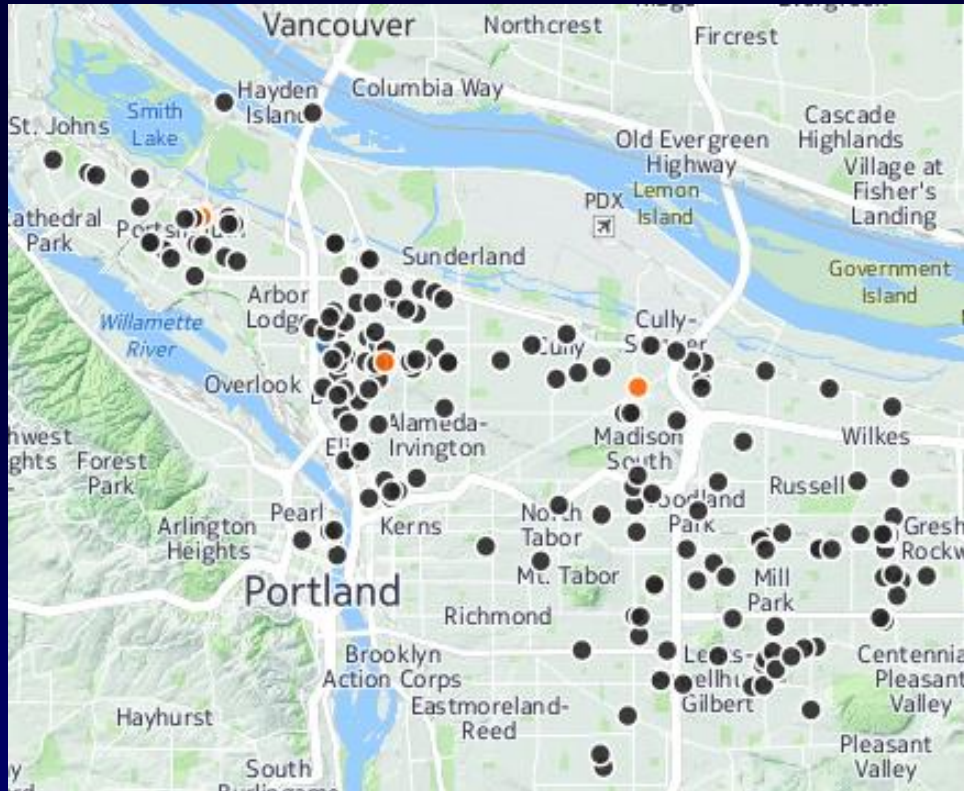


Portland Gang Violence by Year

2015

● ASSAULT
● SHOOTING
● STABBING

2016



Integrating Successful Social Transformation Strategies

- ✓ Civil Rights Movement
 - International Women's Movement
- ✓ Labor Union Movement
 - Environmental Justice
 - Economic Opportunity and Development

SOCIAL TRANSFORMATION

- A fundamental change in the attitudes, beliefs and behaviors of a society such that the laws, practices, policies and activities reflect a new and different cultural norm.



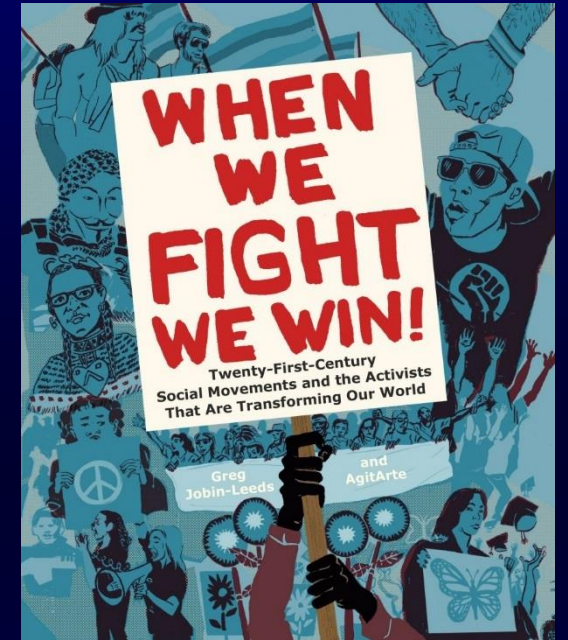
Gran Marcha 2006

posted by eeue (Dave Bullock) at 9:14 PM on March 25, 2006 http://blogging.la/archives/2006/03/largest_protest_even_in_los_an.phtml

Source: Gibbs et al

Current Social Transformation Efforts

- Social transformation requires activism that connects diverse people and converts them from **spectators to activists**.
- The outcome is improvement in the health, social, and political environment of a community.



CIVIL RIGHTS MOVEMENT – 1963 March On Washington



Courtesy of the Library of Congress, Prints & Photographs Division.

The Civil Rights Movement

- **1965: Passing of the Voting Rights Act**
- **1965-1975: The “Second Reconstruction in Black Health”:**
 - hospital desegregation rulings in the courts;
 - passage of Medicare/Medicaid legislation;
 - a community and neighborhood health center movement;
 - admission of Black physicians to hospital staffs for the first time;
 - dramatic improvements in virtually every measurable health status, utilization, and outcome parameter.
 - Stagnation occurred by 1975; and relative or absolute deterioration (compared to Whites) started after 1980.



Labor Movement

- **Cesar Chavez and the United Farm Workers' Union**
 - Farm workers were excluded from the improvements in working conditions that 1930s labor movements effected through legislation
 - Protests by groups like the Community Service Organization (CSO) ended bracero programs
 - Boycott of minor and major grape growers, including picket lines, marches, and a 300 mile trek to Sacramento, resulted in wage increases, full recognition, elimination of labor contractor
 - Nationwide boycott included workers' rights and public health when dangers of pesticides were discovered

Social Transformation Movements: Common Themes and Strategies

- Used indirect action, marches, teach-ins, workshops and civil disobedience at the community level
- Employed tactics of the civil rights movement
- Recognized the importance of cultural animation and trained community residents in effective cultural strategies
- Thinking outside of the box.



Black Lives Matter – The Next Civil Rights Movement?



Past & Current Social
Transformation Movements

"Of all the forms of
inequality, injustice
in health is the most
shocking and the
most inhuman."

The Rev. Martin Luther King,
Chicago, March 25, 1966

Dallas Surgeon at OHSU talks racism, medical care

Dr. Brian Williams: emerging from silence



OHSU-PSU Gun Violence As A Public Health Issue

Community Forums – Goals

- ✓ Facilitate challenging conversations involving issues associated with the prevalence and impact of gun violence and trauma and relationships between underserved communities of color and police officers;
- ✓ Forums will be designed to:
 - a) promote transparent, open, honest and ongoing conversations about race relations, implicit bias on our campuses, disproportionate burden of violence and trauma in communities of color experienced locally and across our nation;
 - b) promote empathy and healing within and across academic, workplace, and community environments.
- ✓ Formulate recommendations supporting the role of academic institutions towards addressing these challenges.

OHSU-PSU Gun Violence As A Public Health Issue Community Forum – Objectives

- Community Forums will be designed to identify risk factors and sustainable solutions emphasizing:
 - ✓ Individual roles and responsibilities – amplifying the discussion about historical trauma and ways to create a safer and more trusting culture through healing, inclusion, and equity;
 - ✓ Institutional factors – examination of racial tensions and unconscious biases in workplace, classroom and broader communities;
 - ✓ City-wide factors – identify impediments/strategies to increase diversity and to ensure inclusion and equity in employment, income, education, and housing across the city and state; and
 - ✓ Recommendations for public policies, public health interventions, and partnerships involving our **Campus Community, Local Community and Neighborhood, and Business Community Stakeholders.**