



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^{vii}; 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)^{viii}; 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};

WHEREAS, the American Academy of Pediatrics released a policy statement identifying racism as a core determinant of child health^{xii}; and,

WHEREAS, the Douglas County Board of Health established a Health Equity Team in 2008 which has maintained active status and continues to meet monthly; and,

WHEREAS, the Douglas County Health Department adopted a Health Equity Policy on January 23, 2020 with development of relevant procedure(s) in process; and,

WHEREAS, the Douglas County Health Department has developed an Equity Review document (approved July 2019) to be used when developing and/or reviewing new/current department wide policies and procedures. This document was used during the most recent review (Aug 2019-Feb 2020) process of all current DCHD department policies and procedures; and,

WHEREAS, the Douglas County Health Department is working with CityMatCH to implement a Racial Healing Revival Project with North Omaha community members and partners to better understand the rich history of North Omaha that has been impacted by systemic and structural racism throughout its history and subsequent health outcomes for the community; and,

WHEREAS, public health's responsibilities to address racism includes reshaping our discourse and agenda so that we all actively engage in racial justice work; and,

WHEREAS, Douglas County Health Department acknowledges that the health impact of racism in Douglas County is a crisis and rises to the definition proposed by Dr. Sandro Galea who notes: "The problem must affect large numbers of people, it must threaten health over the long-term, and it must require the adoption of large scale solutions"^{xiii}.

NOW THEREFORE BE IT RESOLVED by this Board of Health that the Douglas County Health Department declares that racism is a public health crisis affecting our entire community.

BE IT ALSO RESOLVED that the Douglas County Health Department will:

1. Establish and support an Office of Health Equity and Racial Justice;
2. Include in any decision making the people most affected by health and economic challenges and benchmark progress on these outcomes;
3. Review the current DCHD Health Equity policy to ensure an updated glossary of terms and definitions concerning racism and health equity;
4. Work to create an equity and justice-oriented organization, with the BOH and Management Staff identifying specific activities to embrace diversity and to incorporate antiracism principles across DCHD, leadership, staffing and contracting;
5. Incorporate into the organizational structure a plan for educational efforts to understand, address and dismantle racism, in order to undo how racism affects individual and population health and provide tools to assist DCHD staff, Board of Health, contractors, and its jurisdictions on how to engage actively and authentically with communities of color;
6. Advocate for relevant policies that improve health in communities of color, and supports local, state, regional, and federal initiatives that advance efforts to dismantle systemic racism;
7. Ensure the consistent collection, analysis and reporting of disaggregated data for all public health efforts (age, race, ethnicity, gender, disability, neighborhood, sociodemographic characteristics and impact to health status) with data visualization and storytelling of said data;

8. Develop and implement routine health equity/racial equity impact assessment process to help leaders understand the racial equity implications to existing and/or new policy, programs and/or institutional practices;
9. Work to build alliances and partnerships with other organizations that are confronting racism and encourage other local, state, regional and national entities to recognize racism as a public health crisis;
10. Promote community engagement, actively engaging community members on issues of racism, and providing tools to engage actively and authentically with communities of color;
11. Commit to assisting in the review of all portions of City and County ordinances through a racial equity lens;
12. Commit to conduct all human resources, vendor selection and grant management activities with a racial equity lens including reviewing all internal policies and practices such as hiring, promotions, leadership appointments and funding;
13. Promote racially equitable economic and workforce development practices;
14. To always promote and support all policies that prioritize the health of all people, especially people of color by mitigating exposure to adverse childhood experiences, trauma in childhood and ensuring implementation of Health and Equity in All Policies throughout the County;
15. Proactively identify and address existing policy gaps while advocating for further local, state, federal or national support;
16. Support efforts to invest in strengthening public health, health care and social infrastructure to foster resilience;
17. Train all BOH members, staff, funders and grantees on workplace biases and how to mitigate them;
18. Partner and build alliances with local organizations that have a legacy and track record of confronting racism;
19. Encourage community partners and stakeholders in the education, employment, housing, criminal justice and safety arenas to recognize racism as a public health crisis and to implement portions or all of this declaration;
20. Identify clear goals and objectives, including specific benchmarks, to assess progress and capitalize on opportunities to further advance racial equity; and
21. Establish alliances and secure adequate resources to successfully accomplish the above activities.
22. Conduct an assessment of internal policy and procedures to ensure racial equity is a core element of DCHD, supported by the BOH in collaboration with the Management Team and the Health Equity Committee;

DATED this 17th day of June, 2020.

Motion to approve by Ben Gray to Declare Racism as a Public Health Crisis by the Douglas County Health Department and this Board of Health; seconded by John Wade.

ADOPTED: June 17, 2020

YEAS: Chris Rodgers, Marty Wilken, Ben Gray, Selene Espinoza, John Wade, Jeanee Weiss

ABSENT: Stuart McNally, Keyonna King, David Filipi


Recording Secretary

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- ⁱ Center for Disease Control and Prevention. The Public Health System and the 10 Essential Public Health Services. Available at <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>. Accessed June 5, 2020
- ⁱⁱ <https://www.cdcfoundation.org/what-public-health>
- ⁱⁱⁱ Institute of Medicine. Unequal Treatment. <https://www.nap.edu/read/10260/chapter/2/#7>. June 5, 2020
- ^{iv} Garcia JJ, Sharif MZ. Black Lives Matter: A Commentary on Racism and Public Health. *AmJ Public Health*. 2015; 105:e27-e30. Doi:10.2105/AJPH.2015.302760.
- ^v Jones CP. Confronting Institutionalized Racism. *Pylon*. 2020; 50(1/2): 7-22.
- ^{vi} American Public Health Association. Racism and Health. Available at <https://www.apha.org/topics-and-issues/health-equity/racism-and-health>. Accessed June 5, 2020.
- ^{vii} Douglas County Health Department. Vital Statistics Data. Available at <https://www.dchealthdata.com/deaths>
- ^{viii} Policy Link. Why Place Matters: Building a Movement for Healthy Communities. Available at <https://www.policylink.org/resources-tools/why-place-matters-building-the-movement-for-healthy-communities>. Accessed June 5, 2020
- ^{ix} Department of Health and Human Services. The Center for Disease Control. Dr. Camara Phyllis Jones. Social Determinants of Equity and Social Determinants of Health. <https://minorityhealth.hhs.gov/Assets/pdf/Checked/1/CamaraJones.pdf>. Accessed June 8, 2020
- ^x Flynn, A., Holmberg, S., Warren, D., and Wong, F. REWRITE the Racial Rules: Building an Inclusive American Economy. Roosevelt Institute, 2016.
- ^{xi} American Public Health Association. Racism and Health. Available at: <https://www.apha.org/topics-and-issues/health-equity/racism-and-health>. Accessed June 5, 2020.
- ^{xii} Trent M, Dooley DG, Dougé J, AAP Section on Adolescent Health, AAP Council on Community Pediatrics, AAP Committee on Adolescence. The Impact of Racism on Child and Adolescent Health. *Pediatrics*. 2019;144(2):e20191765
- ^{xiii} Galea, Sandro. Crying "Crisis". Dean's Note. Boston University School of Public Health. <https://www.bu.edu.sph/2017/04/23/crying-crisis/>. Accessed June 5, 2020



Douglas County Health Disparity Data 2018

	Douglas County Total/%	White- Not Hispanic Total/%	Black- Not Hispanic Total/%	Hispanic Total/%	Asian- Not Hispanic Total/%	American Indian- Not Hispanic Total/%	Other, not Identified* Total/%
Data Source: US Census Bureau Intercensal Population Estimates Program, 2018							
Population Percent	566,880 100.0%	402,204 71.0%	64,691 11.4%	72,721 12.8%	24,453 4.3%	2,812 0.5%	0 0.0%
Data Source: Douglas County Vital Statistics, 2018							
Health Indicator							
Deaths							
Percent	4,194 100.0%	3,471 82.8%	535 12.8%	118 2.8%	30 0.7%	23 0.5%	17 0.4%
Cardiovascular Disease							
Age-adjusted Rate per 100,000 Population	135.1	131.2	211.5	59.1	N/A	N/A	N/A
Cerebrovascular Disease (Stroke)							
Age-adjusted Rate per 100,000 Population	32.2	31.0	50.1	8.3	N/A	N/A	N/A
Hypertension Disease (High Blood Pressure)							
Age-adjusted Rate per 100,000 Population	14.8	14.3	26.0	8.7	N/A	N/A	N/A
Average Age of Death							
Years	72.6	74.7	63.5	57.5	71.0	54.4	53.6
Births							
Percent	8,319 100.0%	4,716 57.2%	1,269 15.3%	1,475 17.7%	580 7.0%	132 1.6%	102 1.2%
Infant Mortality							
Rate per 1,000 Live Births	53 6.4	27 5.7	18 14.2	7 4.7	1 1.7	0 -	0 -
Low Birth Weight							
Percent of Total Births	719 8.6%	332 7.0%	188 14.8%	129 8.7%	46 7.9%	13 9.8%	11 10.8%
Very Low Birth Weight							
Percent of Total Births	116 1.4%	45 0.9%	41 3.2%	24 1.6%	3 0.5%	2 1.5%	1 1.0%
Preterm Births							
Percent of Total Births	968 11.6%	524 11.0%	188 14.8%	161 10.9%	62 10.7%	20 15.2%	13 12.7%

Source: Douglas County Health Department
Vital Statistics and BRFSS Survey Data
06/15/2020

*Includes Other, Unknown and Unreported Races
N/A = Not Available



Douglas County Health Disparity Data 2018

Health Indicator	Douglas County Total/%	White- Not Hispanic Total/%	Black- Not Hispanic Total/%	Hispanic Total/%	Asian- Not Hispanic Total/%	American Indian- Not Hispanic Total/%	Other, not Identified* Total/%
Data Source: Douglas County BRFSS, 2018, 2017							
Adults Age 18-64 Reporting Having NO Insurance Coverage for Health Care Percent	17.0%	7.3%	29.5%	55.8%	N/A	N/A	N/A
Adults Who Report Being Overweight or Obese Percent	68.3%	67.8%	74.4%	72.5%	N/A	N/A	N/A
Adults Who Have Been Told They Have Diabetes Percent	9.9%	9.1%	15.8%	10.6%	N/A	N/A	N/A
Adults who have ever been told that they have high blood pressure (2017) Percent	30.2%	30.2%	52.5%	13.7%	N/A	N/A	N/A

Health Indicator	Douglas County Total/%	White Alone, Not Hispanic or Latino Total/%	Black or African American Alone Total/%	Hispanic or Latino Total/%	Asian Alone Total/%	American Indian and Alaska Native Alone Total/%	Some Other Race Alone Total/%
Data Source: American Community Survey 5 Year Estimate 2014-2018							
Poverty Status In The Past 12 Months Percent	68,984 12.7%	29,480 7.8%	16,587 27.8%	14,997 22.3%	4,616 23.5%	663 21.2%	1,726 15.9%

Source: Douglas County Health Department
Vital Statistics and BRFSS Survey Data
06/15/2020

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