Pandemics + Policing + Protest
On Racism, Adversity and Health

October 16, 2020
Rhea W Boyd MD, MPH
California Department of Public Health
@RheaBoydMD
Neither I nor my immediate family members have a personal financial relationship with a manufacturer of products or services that will be discussed in this presentation.
The most complex health problems are adaptive.
The most complex health problems are **adaptive**.

Health care built models that are **static**.
The most complex health problems are adaptive.

Health care built models that are static.

We built a box.
The most complex health problems are adaptive.

Health care built models that are static.

We built a box.
The Box Represents

Constraints to what the vital components of health care systems could and should be.

Exhibit 1. Health Care Spending as a Percentage of GDP, 1980–2013

* 2012.

Notes: GDP refers to gross domestic product. Dutch and Swiss data are for current spending only, and exclude spending on capital formation of health care providers.

Source: OECD Health Data 2015.
### Exhibit 9. Select Population Health Outcomes and Risk Factors

<table>
<thead>
<tr>
<th>Country</th>
<th>Life exp. at birth, 2013(^a)</th>
<th>Infant mortality, per 1,000 live births, 2013(^a)</th>
<th>Percent of pop. age 65+ with two or more chronic conditions, 2014(^b)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>82.2</td>
<td>3.6</td>
<td>54</td>
<td>28.3(e)</td>
<td>12.8</td>
<td>14.4</td>
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<tr>
<td>Canada</td>
<td>81.5(e)</td>
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<td>56</td>
<td>25.8</td>
<td>14.9</td>
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<tr>
<td>Denmark</td>
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<td>3.5</td>
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<tr>
<td>France</td>
<td>82.3</td>
<td>3.6</td>
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</tr>
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<td>Germany</td>
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<td>35.3(d)</td>
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<td>OECD median</td>
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\(^a\) Source: OECD Health Data 2015.

\(^b\) Includes: hypertension or high blood pressure, heart disease, diabetes, lung problems, mental health problems, cancer, and joint pain/arthritis. Source: Commonwealth Fund International Health Policy Survey of Older Adults, 2014.

\(^{a,c}\) DEN, FR, NETH, NOR, SWE, and SWIZ based on self-reported data; all other countries based on measured data.

\(^d\) 2012. \(^e\) 2011.
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<sup>c</sup> DEN, FR, NETH, NOR, SWE, and SWIZ based on self-reported data; all other countries based on measured data.

<sup>d</sup> 2012.  
<sup>e</sup> 2011.
Life expectancy vs. health expenditure over time (1970-2014)

Health spending measures the consumption of health care goods and services, including personal health care (curative care, rehabilitative care, long-term care, ancillary services and medical goods) and collective services (prevention and public health services as well as health administration), but excluding spending on investments. Shown is total health expenditure (financed by public and private sources).

Data source: Health expenditure from the OECD; Life expectancy from the World Bank. Licensed under CC-BY-SA by the author Max Roser. The data visualization is available at OurWorldinData.org and there you find more research and visualizations on this topic.
Exhibit 8. Health and Social Care Spending as a Percentage of GDP

Notes: GDP refers to gross domestic product.
Inequality is growing.

Share of income captured by the top 1%, 1917–2013

The share of all income held by the top 1% in recent years has approached or surpassed historical highs.

Wage stagnation is profound.
Purchasing power of the US workforce has barely increased over the last 50 years.
We are a part of a generation for whom only half of children will out-earn their parents.

Two Americas: The Geography of Upward Mobility by Race
Average Individual Income for Boys with Parents Earning $25,000 (25th percentile)

Black Men
- San Francisco $19k
- Newark $20k
- Atlanta $18k

White Men
- Boston $31k
- Newark $32k
- Atlanta $26k

In **99%** of neighborhoods in the US, **black boys** earn less in adulthood than **white boys** who grow up in families with comparable incomes.
Black and white children fare very differently in America, even if they grow up with two-parents, comparable incomes, education, and wealth, live on the same city block and attend the same school.

Black and white children fare very differently in America, even if they grow up with two-parents, comparable incomes, education, and wealth, live on the same city block and attend the same school.

These gaps are smallest in areas with low racial bias among whites and high father presence in black neighborhoods.

Pre-Existing Inequality

The Geography of Upward Mobility in the United States
Average Household Income for Children with Parents Earning $27,000 (25th percentile)

Note: Blue = More Upward Mobility, Red = Less Upward Mobility

### TABLE. Demographic characteristics and underlying conditions among school-aged children aged 5–11 years and 12–17 years* with positive test results for SARS-CoV-2 (N = 233,474) — United States, March 1–September 19, 2020

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Age group, no. (%)</th>
<th>5–11 yrs (n = 101,503)</th>
<th>12–17 yrs (n = 175,782)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>67,275 (41.7)</td>
<td>27,539 (45.9)</td>
<td>39,736 (39.2)</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>52,229 (32.4)</td>
<td>15,503 (25.8)</td>
<td>36,726 (36.2)</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>27,963 (17.3)</td>
<td>11,315 (18.8)</td>
<td>16,648 (16.4)</td>
</tr>
<tr>
<td>A/PI, non-Hispanic</td>
<td>4,541 (2.8)</td>
<td>1,932 (3.2)</td>
<td>2,609 (2.6)</td>
</tr>
<tr>
<td>AI/AN, non-Hispanic</td>
<td>3,044 (1.9)</td>
<td>1,342 (2.2)</td>
<td>1,702 (1.7)</td>
</tr>
<tr>
<td>Multiracial/Other race</td>
<td>6,335 (3.9)</td>
<td>2,421 (4.0)</td>
<td>3,914 (3.9)</td>
</tr>
<tr>
<td>Unknown§</td>
<td>115,898 (N/A)</td>
<td>41,451 (N/A)</td>
<td>74,447 (N/A)</td>
</tr>
</tbody>
</table>
Among those aged 18-29, Latinx young adults account for 43% of confirmed cases.

Among those aged 5-29, Latinx children, youth, and young adults account for an estimated 40% of deaths.

**TABLE. Demographic and clinical characteristics of SARS-CoV-2–associated deaths among persons aged <21 years — United States, February 12–July 31, 2020**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>No. (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>54 (44.6)</td>
</tr>
<tr>
<td>American Indian/Alaska Native, non-Hispanic</td>
<td>5 (4.1)</td>
</tr>
<tr>
<td>Asian or Pacific Islander, non-Hispanic</td>
<td>5 (4.1)</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>35 (28.9)</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>17 (14.0)</td>
</tr>
<tr>
<td>Multiple/Other†</td>
<td>2 (1.7)</td>
</tr>
<tr>
<td>Missing/Unknown</td>
<td>3 (2.5)</td>
</tr>
</tbody>
</table>
Figure 6

Risk of Hospitalization and Death among Epic Patients who Tested Positive for COVID-19

Probability of experiencing hospitalization or death compared to White patients with similar sociodemographic characteristics and underlying health conditions:

- White
- Black
- Hispanic
- Asian

NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic. Data for other racial groups not shown due to insufficient data. Values shown are hazard ratios after controlling for age, sex, geographic social vulnerability, and select comorbidities.

SOURCE: Epic and KFF analysis of Epic Health Record System COVID-19 related data as of July 2020.

Figure 6: Risk of Hospitalization and Death among Epic Patients who Tested Positive for COVID-19
### Indigenous vs White Americans: Age-adjusted COVID-19 mortality rates, through Sept. 15

Deaths per 100,000 of each group. For all U.S. states with available data, where 15 or more known deaths have occurred for both groups. Sorted from largest to smallest absolute disparity between Indigenous people and Whites.

<table>
<thead>
<tr>
<th>State</th>
<th>Indigenous</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mississippi</td>
<td>1,073</td>
<td>61</td>
</tr>
<tr>
<td>New Mexico</td>
<td>340</td>
<td>16</td>
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<tr>
<td>Arizona</td>
<td>335</td>
<td>47</td>
</tr>
<tr>
<td>Utah</td>
<td>279</td>
<td>11</td>
</tr>
<tr>
<td>Wyoming</td>
<td>212</td>
<td>4</td>
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<tr>
<td>South Dakota</td>
<td>137</td>
<td>13</td>
</tr>
<tr>
<td>North Dakota</td>
<td>124</td>
<td>19</td>
</tr>
<tr>
<td>Minnesota</td>
<td>124</td>
<td>28</td>
</tr>
<tr>
<td>Montana</td>
<td>94</td>
<td>6</td>
</tr>
<tr>
<td><strong>US TOTAL</strong></td>
<td><strong>125</strong></td>
<td><strong>38</strong></td>
</tr>
</tbody>
</table>
Overall, Black Americans have the highest COVID-19 related mortality rate, that averages 3 times the rate for Asian and white populations.

Black & Indigenous Americans experience highest death tolls from COVID-19

Cumulative actual COVID-19 mortality rates per 100,000, by race and ethnicity, April 13-Sept. 15, 2020

- Green: Black
- Yellow: Indigenous
- Purple: Pacific Islander
- Blue: Latino
- Black: White
- Green: Asian

Note: Dates prior to 8/18 are 14 days apart, except for 5/11-5/26, which is a 15-day period. The interval from 8/18 to 9/15 reflects a 4-week period, unlike the 2-week period in most of the series. Midpoint data between 8/18 and 9/15 has been interpolated.

Source: APM Research Lab • Get the data • Created with Datawrapper
Health Disparities

Population-level differences in health.

Health Inequities

Population-level differences in health that are avoidable, unnecessary, unfair, and unjust.

Health Inequities arise when certain populations are made vulnerable to illness or disease, often through the inequitable distribution of protections and supports.
Obesity

Heart Disease

Asthma

Diabetes

Hypertension

Age

Poverty


Segregation

Discrimination

Obesity

Asthma

Heart Disease

Diabetes

Age

Hypertension

Poverty


Discrimination

Segregation

Obesity

Asthma

Environmental Racism

Heart Disease

Diabetes

Toxic Stress

Racial Wealth Gap

Age

Hypertension

Poverty


Segregation

Discrimination

Obesity

Environmental Racism

Heart Disease

Asthma

Racial Wealth Gap

Diabetes

Toxic Stress

Age

Hypertension

Allostatic Load

Poverty
Structural Racism refers to differential access to goods, services, opportunities, by race.


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The physical and structural *environment* in which humans grow, learn, work and play shapes *intergenerational* population health.


Hand-washing is one of the most important ways to limit exposure to and spread of infectious disease.
Race is the strongest predictor of water and sanitation access.
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African American and Latinx populations are about twice as likely to lack access to clean water in their homes.

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African American and Latinx populations are about twice as likely to lack access to clean water in their homes.

Native Americans are 19 times more likely to lack access to clean water in their homes.

Race is the strongest predictor of water and sanitation access.

Structural Racism, in this case, functions through residential segregation and public divestment in Indigenous and Black communities, to exclude populations from access to clean water and a critical public health intervention as simple as hand-washing which shapes the racial distribution of COVID-19 in the US.

Long term exposure to particulate matter, common in air pollution, was associated with a 15% increase in the COVID-19 mortality rate.

Residential segregation, suburbanization and white flight, and local zoning ordinances profoundly shape African Americans disproportionate exposure to air pollution, which as indicated, may also increase their COVID-19 related mortality.

Black Americans aged 35-44 have a COVID-19 mortality rate 9 times higher than that of their age-matched white peers.


Geronimus AT, Hicken M, Keene D, Bound J. "Weathering" and age patterns of allostatic load scores among blacks and whites in the United States. Am J Public Health. 2006;96(5):826-833. doi:10.2105/AJPH.2004.060749
Age + Risk

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Chronic discrimination *silently ages and prematurely kill* cells.


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Inequitable Risk* of COVID
Infection + Complications

The preconditions that render certain racial and ethnic populations vulnerable to COVID-19 are not simply summarized as "poverty" or "underlying illness".
Inequitable Risk* of COVID
Infection + Complications

The preconditions that render certain racial and ethnic populations vulnerable to COVID19 are not simply summarized as "poverty" or "underlying illness".

They are legacies and current practices of racial exclusion, discrimination, disinvestment and violence that concentrate disadvantage, create adversity, shape population-level opportunities for health and provide conditions for disease.
Age-adjusted All-Cause Mortality is Increasing.

Figure 5. Age-Adjusted Mortality Rates, US Adults Aged 25-64 Years, by Race/Ethnicity, 1999-2017

- Non-Hispanic American Indian and Alaska Native (425.8 [2000]; 571.9 [2017])
- Non-Hispanic black (490.2 [2014]; 512.1 [2017])
- Non-Hispanic white (328.0 [2010]; 359.6 [2017])
- US mortality (328.5 [2010]; 348.2 [2017])
- Hispanic (224.6 [2011]; 234.3 [2017])
- Non-Hispanic Asian and Pacific Islander (139.3 [2015]; 143.0 [2017])

Black curve indicates age-adjusted mortality for all US adults aged 25 to 64 years; bolded data points indicate joinpoint years, when the linear trend (slope) changed significantly based on joinpoint analysis. The lowest mortality rates per 100,000 (and the years they were achieved) are listed first in parentheses; mortality rates for 2017 listed second. Source: CDC WONDER.20

Age-adjusted All-Cause Mortality is Increasing.

Life Expectancy is decreasing in the US.

Despite COVID19, white mortality is likely to be less than what Black Americans have experienced every year.

Note: Mortality rates are adjusted for age. The projection for 2020 uses 2017 mortality as a baseline, applying shares of non-Hispanic white Covid-19 mortality to total excess deaths for each state as of July 25. Source: Elizabeth Wrigley-Field, "U.S. Racial Inequality May Be as Deadly as Covid-19"
Despite COVID-19, white mortality is likely to be less than what Black Americans have experienced every year.

In 2020, white life expectancy will remain higher than Black life expectancy has ever been.

What are **legacies** and **current practices** of racial exclusion, discrimination, disinvestment and violence that concentrate **disadvantage**, create **adversity**, shape population-level opportunities for health and provide conditions for disease?
Wikipedia Commons. Street car terminal Oklahoma City, Oklahoma. 1944.
The physical and structural environment in which humans grow, learn, work and play shapes intergenerational population health.

The physical and structural environment in which humans grow, learn, work and play shapes intergenerational population health.

More than one thousand people are killed by police every year in America.

Source: MappingPoliceViolence.org
1 in 1000

Black men + boys will be killed by police.

Use of Force

CIVILIAN INJURY BY TYPE, 2019

Total = 738

- Serious bodily injury: 59.5%
- Injury: 7.2%
- Death: 19.9%
- Unknown: 0.9%
- No injury: 12.5%

Use of Force

REASON FOR INITIAL CONTACT, 2019

Total = 703

- Call for service: 48.4%
- Vehicle/bike/pedestrian stop: 13.5%
- Crime in progress: 18.5%
- Pre-planned activity: 5.1%
- In-custody event: 7.8%
- Public contact: 5.0%
- Civil disorder: 0.1%
- Ambush: 0.9%
- Welfare check: 0.7%

Community Response Initiative to Strengthen Emergency Systems (C.R.I.S.E.S Act)

California AB 2054 creates a pilot grant program for community-based responses to local emergencies including crises related to being unhoused, mental health, IPV or community violence, substance use, and natural or climate disasters.

Bill co-sponsors: Alliance for Boys and Men of Color • ACLU of California • Anti Police-Terror Project • Berkeley Free Clinic • CURYJ • East Bay Community Law Center • Justice Teams Network • Oakland Power Projects • PolicyLink • Public Health Advocates • STOP (StopTerrorism Oppression by Police Coalition) • UDW/AFSCME Local 3930 • Youth Justice Coalition. Passed August 28, 2020.
# Exposure to Police Violence

<table>
<thead>
<tr>
<th>Victim</th>
<th>Witness</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Arrest</td>
<td>• PTSD</td>
</tr>
<tr>
<td>• Incarceration</td>
<td>• Substance Abuse</td>
</tr>
<tr>
<td>• Injury</td>
<td>• Depression</td>
</tr>
<tr>
<td>• Disability</td>
<td>• Poor Reported Health</td>
</tr>
<tr>
<td>• Poor Mental Health</td>
<td>• Attentional Impairment</td>
</tr>
<tr>
<td>• Death</td>
<td>• School Failure</td>
</tr>
<tr>
<td></td>
<td>• School Suspension/Expulsion</td>
</tr>
</tbody>
</table>

Exposure to Police Violence

Police killing unarmed Black Americans increases self-reported poor mental health days and frequent mental distress in Black Americans living in the same state.

Experiencing or witnessing an immigration-related arrest of a family member is associated with higher rates of depressive symptoms.

Exposure to ICE Violence

Experiencing or witnessing an immigration-related arrest of a family member is associated with higher rates of depressive symptoms.

Depressive symptoms are magnified among youth who report that both of their parents have undocumented legal status.

Police Violence as Community Violence

Living in lethally-surveilled areas is linked to a greater risk of high blood pressure and obesity for all neighborhood residents and to a greater risk of obesity for women.

Lethal police brutality is an important neighborhood risk factor for illness, especially, for women.
For youth who experience it as caregiver absence, custody transitions, or the criminalization of peers, police exposure can be linked to events associated with loss or stress.

This transforms routine police encounters into events that in quantity or severity affect their health.

Parental Imprisonment

Depression    PTSD    Asthma    Anxiety    Migraines

Employment    Public Housing    Student Loans    Voting

Behavioral changes, changes in sleep and eating habits, impaired school performance

Child Detention

- Depression
- PTSD
- Suicidal Ideation
- Anxiety
- Delays

The violence of policing separates children from the social networks on which they rely and in which they thrive.
The violence of racism, and the various structural inequalities it engenders at a population-level, impairs and disappears caregivers.

Racism is a critical root of childhood adversity.

Racism is a devastating root of chronic, undertreated disease and preventable premature death.


Racism kills people.

Equality saves lives.
Protest is a powerful and vital public health intervention.
BAR LIVES MATTER

TEXAS BARS FIGHT BACK
At protests, mostly white crowds show how pandemic has widened racial and political divisions

By HAILEY BRANSON-POTTS, ANITA CHABRIA, ANDREW J. CAMPA, PRISCILLA VEGA

MAY 8, 2020 | 5 AM

Coronavirus

His plane-disinfecting invention didn’t take off — until COVID-19 hit

Tom Brady holds group workout with teammates days after NFLPA recommended against it

How will the COVID-19 pandemic end?

What we are wondering: Updates, goals, links, numbers and distractions (free)

These governments tamed COVID-19. They’re keeping social distancing in place

Cases statewide »

196,044 confirmed
5,725 deaths

As of June 24, 10:36 p.m. Pacific
Whiteness becomes both normative and “absently present.”


White is a racial status affixed to a skin tone.
Whiteness describes the structural apparatus in which that status functions, gains meaning, and adapts over time.
Whiteness describes the structural apparatus in which that status functions, gains meaning, and adapts over time.

Through laws and norms that empower, normalize, favor, and reward white people, as a population.
Whiteness

White Hegemony

Establishes and enforces racial hierarchies in which white people nearly exclusively hold decision making power.

White Supremacy

Creates and maintains a racial ordering of humans and resources that reinforce the racial dominance of whites.

Whiteness

White Privilege

Preferences white people thru disproportionate access to resources associated with mobility.

White Normativity

Naturalizes power asymmetries between white and nonwhite people as primarily meritocratic.

To adequately respond, *at scale*, to racism as a public health crisis, we must move towards abolition.
Abolishing Racism

Truth, Reconciliation and Reparations
Abolishing Racism

Truth, Reconciliation and Reparations

Wealth Redistribution
Abolishing Racism

Truth, Reconciliation and Reparations

Wealth Redistribution

Robust Safety Net Systems
Abolishing Racism

Truth, Reconciliation and Reparations

Wealth Redistribution

Robust Safety Net Systems

Expansion of Public Goods
Abolishing Racism

Truth, Reconciliation and Reparations

From the American Academy of Pediatrics  Policy Statement

Truth, Reconciliation, and Transformation: Continuing on the Path to Equity

American Academy of Pediatrics Board of Directors
Pediatrics July 2020, e2020019794; DOI: https://doi.org/10.1542/peds.2020-019794


Abolishing Racism

Truth, Reconciliation and Reparations

"Surviving life’s hardest blows should not be celebrated — or expected. Recovery and reconciliation require reparations and resources. To expect resilience without justice is simply to indifferently accept the status quo."

- Dr. Mona Hanna-Attisha


Abolishing Racism

Wealth Redistribution

For every dollar of wealth held by a household with white children, households with Black children have just one penny.

Abolishing Racism

Wealth Redistribution

CARE NOT COPS

Care Not Cops. Portland in Solidarity Against COVID19.

Critical Resistance. 8 to Abolition Framework.
Peer Support Specialist Certification

California SB 803 sets up a standardized process to train and certify peer support specialists. This will expand the network of support for people with mental illness, and compensate people already providing informal support to friends, neighbors, and loved ones.

Signed September 25, 2020!

Abolishing Racism

Robust Safety Net Systems

Medicaid Expansion

Invest in Public Education

Increase Nutritional Supports
Abolishing Racism

Expansion of Public Goods

Universal Healthcare

Universal Basic Income

Universal Internet
We must move to **abolish racism**, from every institution, every practice, every policy and every social norm in which it operates and too often hides.

The *future* health and well-being of our children and our children's children will be measured by how well we succeed in this.
Universal Healthcare

Mandated Worker Protections

Universal Testing for COVID-19 in Communities Plagued by the ills of Segregation

Love must be the metric by which we measure our health systems performance, the efficacy of our delivery structures and the impact of the "care" we provide.

LOVE

Share PPE

YOUR IDEA HERE
"Hope is your superpower. Don’t let anybody or anything make you hopeless. Hope is the enemy of injustice. Hope is what will get you to *stand up* when people tell you to sit down."

- Bryan Stevenson, *Equal Justice Initiative*