Metro Public Health Dept
Nashville/Davidson County
Protecting, Improving, and Sustaining Health

Resolution

WHEREAS, The mission of the Metro Public Health Department is to protect, improve, and sustain the health and well-being of all people in Metropolitan Nashville; and,

WHEREAS, It is clear that health and well-being are not found in equitable measure among the population MPHD serves; and,

WHEREAS, There are geographic areas in Davidson County where the life expectancy at birth is more than 20 years[1] less than the life expectancy a short distance away, and the same level of inequity can be found in the health and well-being of citizens in those areas while they live; and,

WHEREAS, Not all of these differences in health are based on individual behaviors; evidence suggests that inequities, defined as differences that are "not only unnecessary and avoidable but, in addition, are also considered unfair and unjust;"[2] are also to blame;[3] and,

WHEREAS, Many of these inequities are grounded in systemic and institutionalized racism, resulting in behaviors, assumptions and biases that have over time been institutionalized broadly in the United States and in Nashville and Davidson County; and,

WHEREAS, The practice of public health is not without blame for taking advantage of marginalized communities, as in the infamous United States Public Health Service's syphilis study of African-American men at Tuskegee Institute in the mid-20th century,[4] and the forced sterilization of Native American women in the 1960s-70s,[5] among other examples; and

WHEREAS, Nashville and Davidson County are not exempt from this harm, as in the construction of I-40 in the 1960s through North Nashville's predominantly African-American community, resulting in the demolition of 620 homes, 27 apartment houses, six churches and the separation of community members from their local businesses, schools and churches;[6] and,

WHEREAS, As the solutions to inequities contain elements of social justice reform, the specification of something as an inequity conveys a moral judgment;[2] it is therefore essential that the cause "be examined and judged to be unfair in the context of what is going on in the rest of society;"[2] and,

WHEREAS, Public health has a history of involvement in and support of social reform movements, a legacy it stepped away from as biomedical advances came to refine and largely define its practice;[7] and,

WHEREAS, The persistence of health inequities, despite years of dedicated, science-based, data-driven interventions, reveals the need for public health to make its voice heard in realms that are removed from clinical intervention;[7] and,

WHEREAS, The participation of public health in such movements operates on a continuum from data provision, to collaboration, the provision of healthcare, health education and leadership;[7] and,

WHEREAS, Integrating public health into the world of social justice reform requires a thorough understanding of the context in which inequities occur, of their form and expression, and of possible responses; and,

WHEREAS, The Metro Public Health Department began this work several years ago through efforts like the 2010 Racial Healing Project,[8] focusing on building the capacity for local public health leaders to engage in racial healing efforts, as well as the 2015 Health Equity Summit[9] and corresponding report,[10] which provided recommendations to advance health equity in Nashville; and,

WHEREAS, This understanding by the Metro Public Health Department should manifest itself internally, by valuing and respecting all people who interact with MPHD, including interactions between and among its employees; and,

WHEREAS, The Metro Public Health Department understands that health is impacted by social inequities of many types, involving age, class, race, ethnicity, nationality, religion, ability-level, housing access, gender identity and sexual orientation and the intersection of these identities; as well as the institutional practices that, intentionally or not, preserve inequities created by various biases, customs and assumptions; and,

WHEREAS, The Metro Public Health Department seeks to be a socially and culturally responsive organization that acknowledges and addresses historical and current inequities in our community; and,

WHEREAS, The Metropolitan Board of Health of Nashville and Davidson County recognizes the imperative of addressing systemic and institutional forms of oppression that lead to health differences in Davidson County that are not only unnecessary and avoidable but unfair and unjust; and,

WHEREAS, The Board expects a level of commitment and understanding of health inequity from the Metro Public Health Department sufficient to make equity a key consideration in any discussion, policy or program that has the potential to eliminate or diminish health inequities in Davidson County, regardless of the forum:

NOW THEREFORE BE IT FURTHER RESOLVED by the Metropolitan Board of Health of Nashville and Davidson County, on this 14th day of March, 2019, that this commitment and understanding shall be incorporated into the policies, practices and programs of the Metro Public Health Department, and that the Department shall report to the Board annually on the same.

Carol Etherington, MSN, RN, Chair
Metropolitan Board of Health of Nashville/Davidson County

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Vice Chair

Margreete G. Johnston, MD, MPH
Member

Thomas W. Campbell, MD
Member

Tené H. Franklin, MS
Member

David A. Frederick, MS
Member

References

[1] "Life Expectancy." Healthy Nashville. Accessed on Dec. 12, 2018, via http://www.healthynashville.org/indicators/index/view?indicatorId=8195&localeTypeId=4.

[2] "The concepts and principles of equity and health." M. Whitehead. Accessed on Dec. 12, 2018, via http://salud.ciee.flacso.org.ar/flacso/optativas/equity_and_health.pdf.

[3] "Recommendations for the Framework and Format of Healthy People 2020." 2008. U.S. Department of Health and Human Services Secretary's Advisory Committee on National Health Promotion and Disease Prevention. Accessed on Mar. 15, 2019, via https://www.healthypeople.gov/sites/default/files/PhaseI_0.pdf.

[4] "U.S. Public Health Service Syphilis Study at Tuskegee." Centers for Disease Control and Prevention. Accessed on Dec. 12, 2018, via https://www.cdc.gov/tuskegee/index.html.

[5] Lawrence, J. (2000). "The Indian Health Service and the Sterilization of Native American Women." *American Indian Quarterly, 24*(3), 400-419. Retrieved from https://www.jstor.org/stable/1185911?mag=the-little-known-history-of-the-forced-sterilization-of-native-american-women&seq=1#metadata_info_tab_contents.

[6] "Highway to Inequity: The Disparate Impact of the Interstate Highway System on Poor and Minority Communities in American Cities." David Karas. University of Delaware. Accessed on March 5, 2019, via https://www.nashville.gov/Portals/0/SiteContent/Planning/docs/trans/EveryPlaceCounts/1_Highway%20to%20Inequity.pdf.

[7] "Expanding the Boundaries: Health Equity and Public Health Practice." (2014). National Association of County & City Health Officials. Accessed on Dec. 12, 2018, via https://nnphi.org/wp-content/uploads/2016/09/Expanding-the-Boundaries-Final_508-091814.pdf.

[8] "The Nashville Racial Healing Project: Exploring the Connections between Race, Place and Health." 2018. D. Allen-Robb. Board of Health. Accessed on March 5, 2019, via https://www.nashville.gov/document/ID/b3ff468b-543e-4440-87d2-7e24a8514453/Minutes-December-13-2018.

[9] "Health Equity in Nashville." 2015. J. Vick, S. Thomas-Trudo, M. Cole, A.D. Samuels. Metro Nashville Public Health Department Division of Epidemiology and Research and RWJF Center for Health Policy at Meharry Medical College. Accessed on Feb. 1, 2019, via https://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/MetroNashvilleHealthEquityReport2015.pdf.

[10] "Health Equity Recommendations for Nashville." 2015. Metro Nashville Public Health Department and RWJF Center for Health Policy at Meharry Medical College. Accessed on Feb. 1, 2019, via https://www.nashville.gov/Portals/0/SiteContent/Health/PDFs/HealthData/CommunityHealthStatus/HealthEquityRecommendationsReport2015.pdf.