Tracing the Public Health Consequences of the Police Murder of George Floyd

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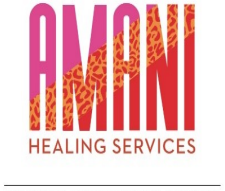
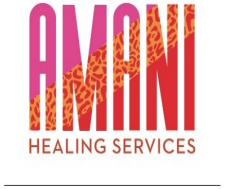
2023-11-16



Introduction

MPD Murder of George Floyd

- highly publicized police murder of Mr. George Floyd on May 25th, 2005
  - in part catalyzed the growing #Blacklivesmatter movement
  - sparked sustained protests locally and around the world
- Much talk about increases in homicide and gun violence in this period (Star Tribune)
- This event and ensuing unrest led us to consider...
  - What does the timing look like (e.g., when did increases happen?)
  - What explains these increases?
  - What else has an event of this magnitude impacted (e.g., health?)
    - to what extent has it done so in an unequal fashion?



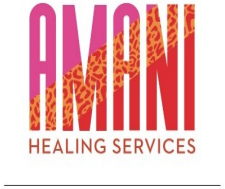
Broad Research Questions

- What has been the public health impact of this police murder?
  - firearm assault injury incidence?
  - mental health diagnoses?
  - differentially based on race and space?
- How does police violence generally impact public health?
  - how is police violence shaped by legacies of structural racism?

Roadmap

- **Part 1**: The Effects of The Police Murder on Public Health
  - firearm assault injury (Larson et al. 2023)
  - mental health hospital incidence (Santaularia et al. *under review*)
- **Part 2**: Historical Structural Racism, Police Shootings, and Health
  - new, fresh proposed research
- **Part 3**: Strategies of Resilience and Racial Healing in Minneapolis
- **Part 4**: Questions and Discussion
  - *what ideas do you have to inform our continued research*
  - *what questions should we be asking?*

Tracing the Public Health Consequences: Work Completed

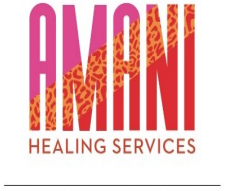


Literature Review: Gun Injury

- Why would we expect an uptick in gun injury after the murder?
  - pandemic explanation
    - weakening of social bonds, heightened visibilities of existing vulnerabilities (Wrigley-Field et al. 2020)
  - depolicing explanation (Shjarback et al. 2017)
  - augmentation of legal estrangement (Bell 2017)
    - bolstering feelings of distrust in legal institutions and feelings of structural social exclusion

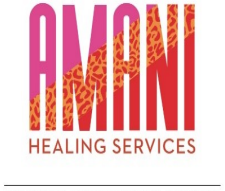
Literature Review: Mental Health Diagnoses

- mental health effects of *exposure* to police violence
  - general anxiety and depression (Geller et al. 2014; Alang et al. 2021)
  - suicide attempts (DeVylder 2017)
  - anticipation of future police violence (Salas-Hernandez et a. 2022)
- general health effects extend beyond direct exposure (DeVylder et al. 2022; Haile et al. 2023)
- exposure to police killing associated with .14 additional poor mental health days per months for Black individuals (Venkataramani et al. 2018)
  - no increase for White individuals



Research Questions

- Did firearm assault injuries increase after the police murder of Mr. Floyd?
  - if so, was there spatial variation in this increase?
  - if so, does pandemic policy or changes in policing explain the increase?
- Did mental health diagnoses increase after the police murder of Mr. Floyd?
  - if so, amongst which racial groups?
  - if so, where was there spatial variation in the increase?



Data

- Outcome Variables (Minnesota Hospital Association Data)
  - firearm assault injury rate per 100,000
  - mental health diagnoses per 1,000
- Focal Predictor Variables
  - time trend, event indicator, post-event time trend
- Time Varying Controls
  - pandemic policy (stay at home, state of emergency)
  - weather (MN DNR)
  - amount of darkness before 12am (`suncalc` in R)
  - proportion school days (Minneapolis Public Schools)
  - MPD Use of Force (lag)
  - MPD Stops (lag)
  - MPD Officer Involved Shootings (lag)
  - Median Household Income
  - Percent Black
  - concentrated disadvantage

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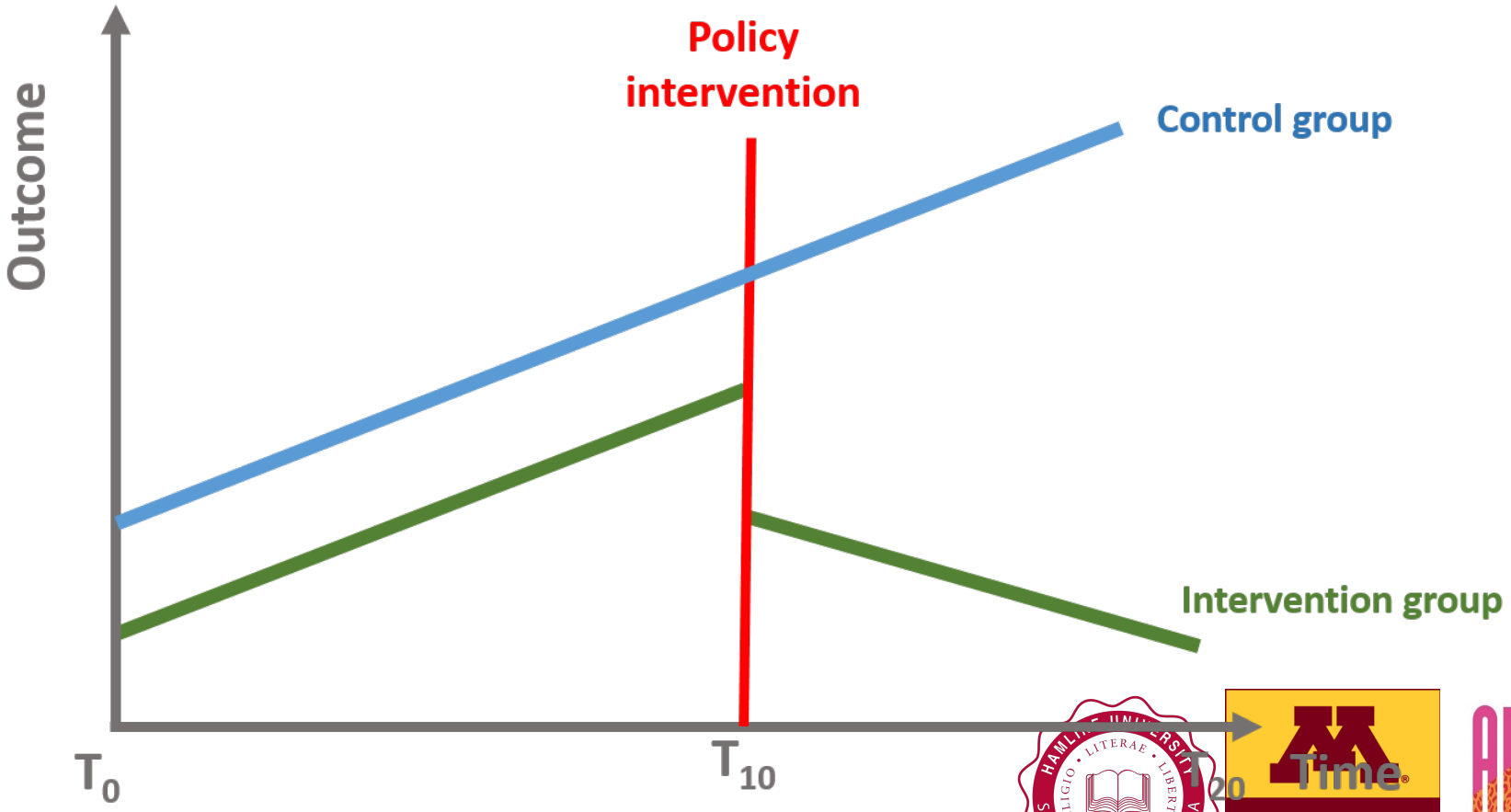
Design: Interrupted Time Series

$$y_t = \beta_0 + \beta_1 Time_t + \theta Event_t + \beta_2 TimePost_t + \phi \mathbf{X}_t + \rho_1 y_{t-1} + \rho_2 y_{t-2} + \rho_3 y_{t-3} + \epsilon_t$$



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Firearm Assault Injury Incidence: City-Wide Changes

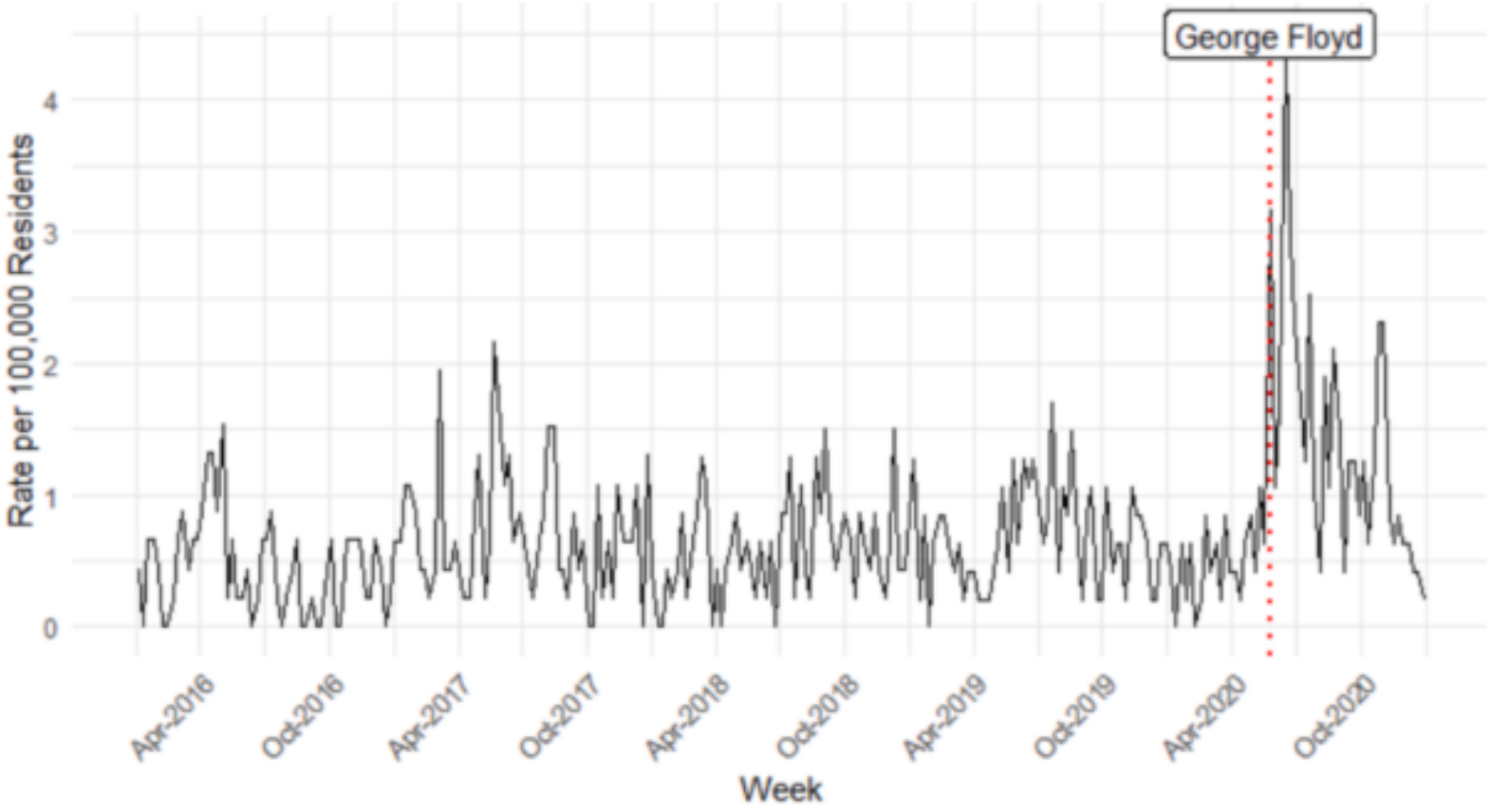

Fig. 1. Weekly Firearm Assault Injuries, MHA Hospital Data 2016–2020.

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Firearm Assault Injury Incidence: ZCTA-Specific Changes

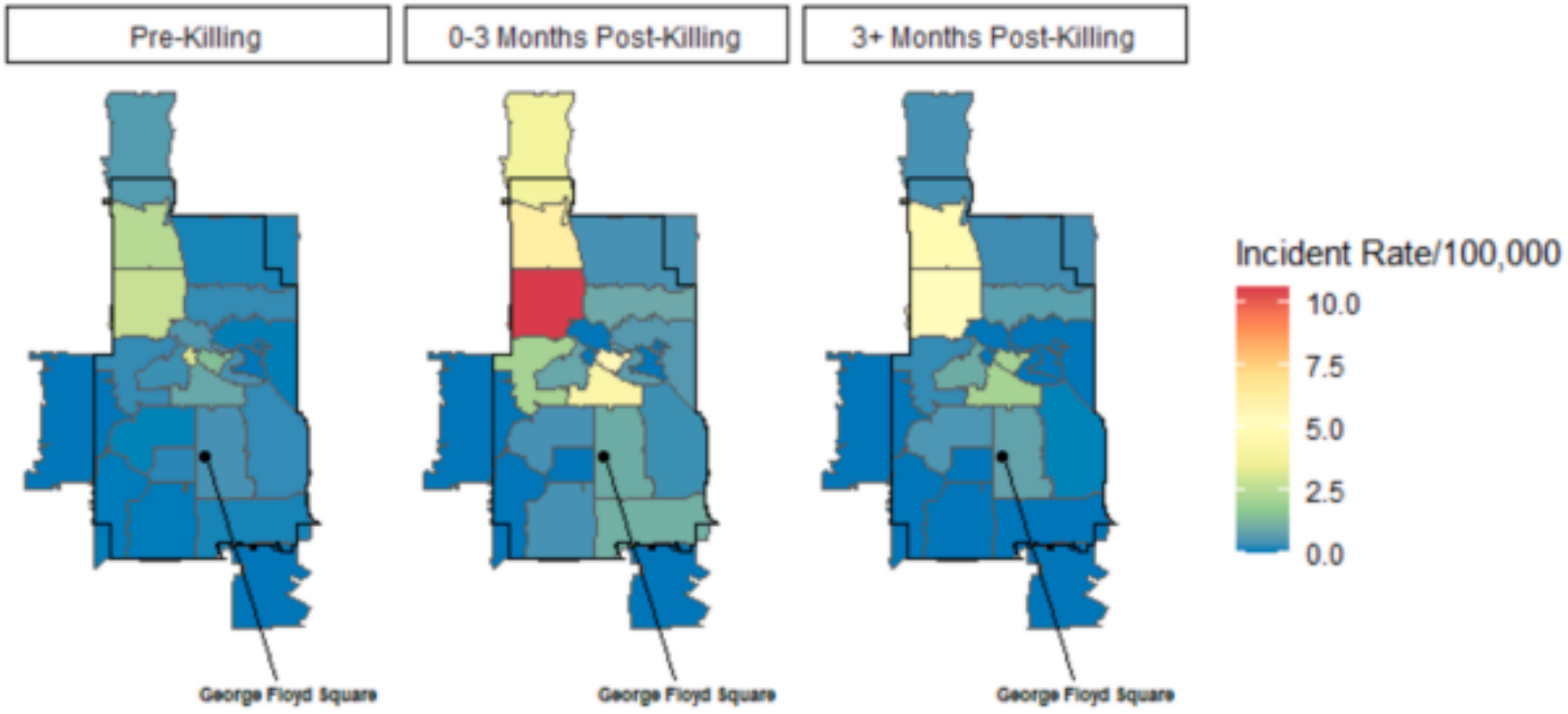

Fig. 2. Weekly Firearm Assault Injury Rates by ZCTA and Period, MHA Hospital Data 2016-2020.

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Firearm Assault Injury Incidence: ITS AR(1) Models

Table 2
Interrupted time series models of firearm assault injuries.

	Firearm Assault Injuries				
	Rate per 100,000				
	AR(1) TSR (1)	AR(1) TSR (2)	RE HLM (3)	RE HLM (4)	RE HLM +Int. (5)
T	0.001	−0.001	0.003	0.002	0.001
	(−0.0003|0.002)	(−0.003|0.001)	(0.0004|0.005)	(−0.0005|0.004)	(−0.002|0.004)
COVID - State of Emergency	−0.463	−0.411	−0.646	−0.506	−0.439
	(−1.026|0.100)	(−0.995|0.173)	(−2.001|0.708)	(−1.864|0.853)	(−1.917|1.040)
COVID - Stay at Home	0.403	0.416	0.242	0.156	0.189
	(−0.179|0.984)	(−0.183|1.016)	(−1.151|1.636)	(−1.240|1.553)	(−1.331|1.709)
Post-Killing	1.781	1.775	1.330	1.277	0.282
	(1.176|2.387)	(1.137|2.414)	(−0.092|2.751)	(−0.149|2.703)	(−1.375|1.938)
T Post-Killing	−0.048	−0.047	−0.035	−0.032	−0.036
	(−0.068|−0.028)	(−0.070|−0.025)	(−0.081|0.011)	(−0.078|0.015)	(−0.086|0.015)
MPD Use of Force $_{t-1}$		−0.015		−0.130	−0.123
		(−1.400|1.370)		(−0.184|−0.077)	(−0.175|−0.070)
MPD Stops $_{t-1}$		−0.121		0.035	0.076
		(−0.365|0.122)		(0.019|0.051)	(0.055|0.098)
MPD OIS $_{t-1}$		−27.382		−1.953	−1.668
		(−67.727|12.964)		(−12.946|9.040)	(−13.095|9.759)
AR(1)	0.142	0.065			
	(0.021|0.263)	(−0.071|0.201)			
Median HH Income					0.00001
					(−0.00001|0.00002)
Percent Black					0.038
					(0.014|0.062)
Post-Killing X Percent Black					0.063
					(0.032|0.094)
Constant	0.579	0.931	0.800	0.834	−0.412
	(−0.194|1.352)	(−0.204|2.066)	(−1.093|2.694)	(−1.073|2.740)	(−2.785|1.961)
SD(ZCTA)			0.904	0.922	0.504
SD(Residual)			5.352	5.364	5.577
Observations	260	217	5993	5928	5460
R^2	0.385	0.407			
Log Likelihood			−18,592.500	−18,406.520	−17,172.070
Akaike Inf. Crit.			37,210.990	36,845.050	34,382.150
Bayesian Inf. Crit.			37,298.070	36,952.040	34,507.650
Residual Std. Error	0.463 (df = 248)	0.474 (df = 202)			
F Statistic	14.117*** (df = 11; 248)	9.898*** (df = 14; 202)			

Models include controls for seasonality. 95% Confidence Intervals in parentheses.

Firearm Assault Injury Incidence: Interaction Plot

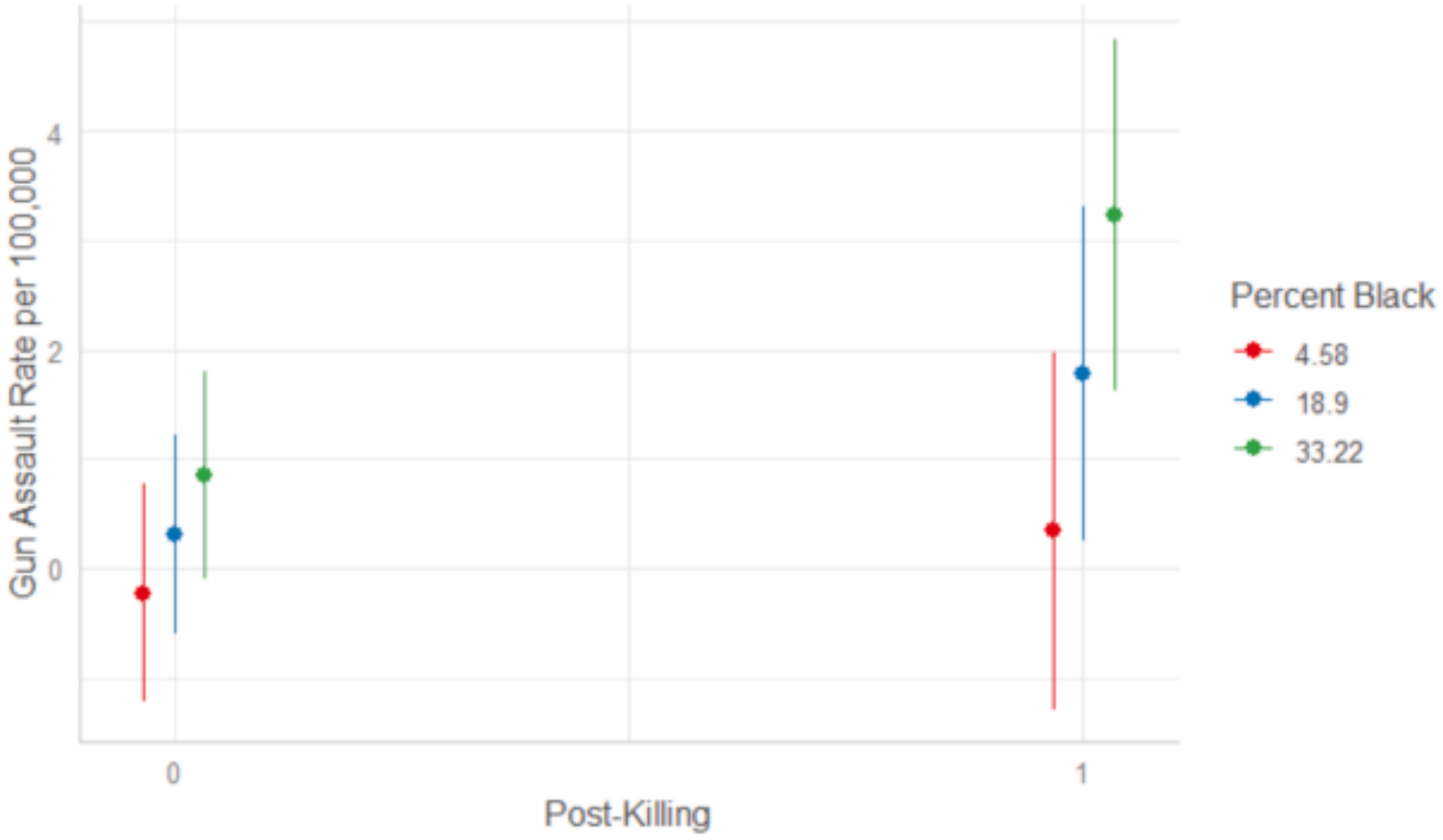

Fig. 3. Post-Killing X Percent Black Interaction Plot.

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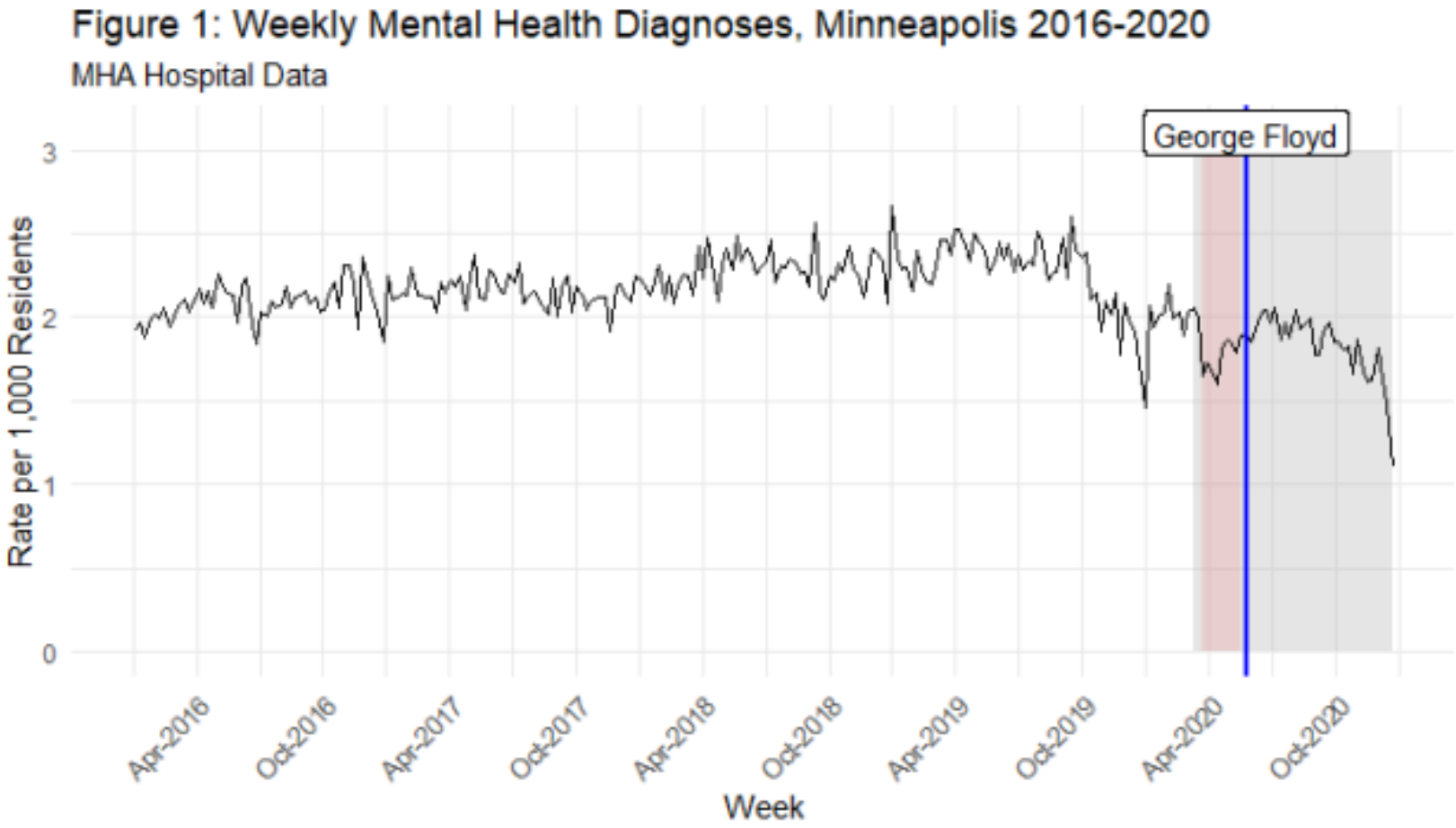
Mental Health Incidence: City-Wide Changes



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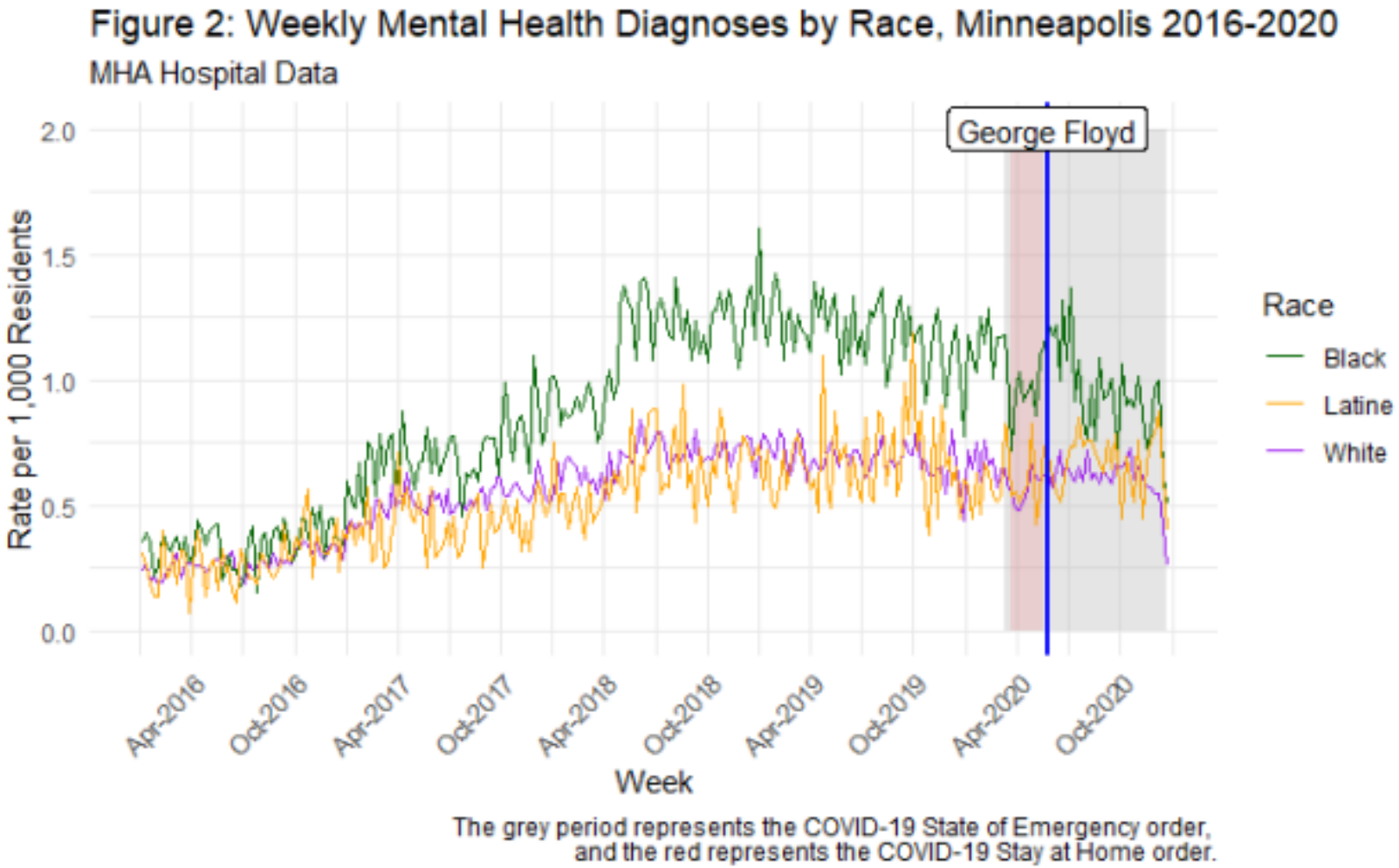
Mental Health Incidence: City-Wide Changes by Race



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Mental Health Incidence: ITS AR(3) Models

Table 1: Interrupted Time Series Models of Mental Health Diagnoses, Minneapolis 2016-2020

	Mental Health Diagnoses/1,000			
	Overall	White	Black	Latine
	(1)	(2)	(3)	(4)
T	−0.0001	0.0003	0.001	0.002
	(-0.001|0.0004)	(-0.00001|0.001)	(0.0004|0.002)	(0.001|0.002)
Post-Killing	0.152	0.061	0.228	0.022
	(-0.015|0.319)	(-0.022|0.144)	(0.043|0.413)	(-0.158|0.203)
T Post-Killing	−0.010	−0.005	−0.007	−0.001
	(-0.015|-0.004)	(-0.007|-0.002)	(-0.013|0.0001)	(-0.007|0.005)
COVID - State of Emerg.	−0.198	−0.057	−0.278	−0.095
	(-0.357|-0.039)	(-0.136|0.022)	(-0.451|-0.104)	(-0.263|0.072)
COVID - Stay at Home	0.066	0.016	0.193	−0.026
	(-0.096|0.228)	(-0.064|0.095)	(0.015|0.372)	(-0.199|0.148)
MPD Use of Force t-1	0.412	0.241	0.112	−0.046
	(0.042|0.781)	(0.056|0.426)	(-0.297|0.521)	(-0.446|0.353)
MPD Stops t-1	−0.030	0.003	0.040	0.024
	(-0.091|0.031)	(-0.028|0.034)	(-0.028|0.108)	(-0.042|0.091)
MPD OIS t-1	−11.137	−3.609	0.917	−0.772
	(-21.857|-0.416)	(-8.956|1.739)	(-10.919|12.754)	(-12.339|10.795)
Mean Max. Temp.	0.002	0.0004	0.0002	0.001
	(0.0004|0.003)	(-0.0001|0.001)	(-0.001|0.001)	(-0.001|0.002)
Snow (in.)	0.011	0.012	−0.001	−0.017
	(-0.036|0.058)	(-0.011|0.035)	(-0.053|0.050)	(-0.067|0.034)
Precip. (in.)	−0.259	−0.077	−0.155	−0.014
	(-0.425|-0.094)	(-0.159|0.004)	(-0.335|0.026)	(-0.192|0.164)
AR(1) Overall	0.315			
	(0.180|0.451)			
AR(2) Overall	0.268			
	(0.132|0.404)			
AR(3) Overall	0.135			
	(0.001|0.269)			
AR(1) White		0.457		
		(0.321|0.594)		
AR(2) White		0.201		
		(0.053|0.349)		
AR(3) White		0.110		
		(-0.030|0.250)		
AR(1) Black			0.340	
			(0.205|0.475)	
AR(2) Black			0.175	
			(0.035|0.315)	
AR(3) Black			0.231	
			(0.095|0.366)	
AR(1) Latine				0.076
				(-0.063|0.215)
AR(2) Latine				0.122
				(-0.016|0.261)
AR(3) Latine				0.101
				(-0.038|0.239)
Constant	0.601	0.058	0.013	0.120
	(0.256|0.946)	(-0.027|0.142)	(-0.161|0.188)	(-0.054|0.295)
Observations	216	216	216	216
R^2	0.725	0.712	0.749	0.395
Residual Std. Error (df = 201)	0.126	0.063	0.140	0.137

Note: 95% Confidence Intervals in parentheses

Mental Health Incidence: Spatial Variation

Figure 3: RE Coefficients-White Residents

Rate per 1,000

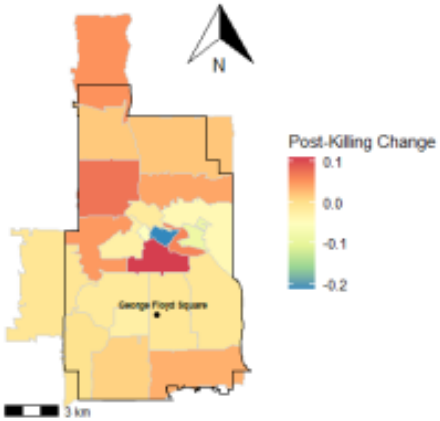


Figure 4: RE Coefficients-Black Residents

Rate per 1,000

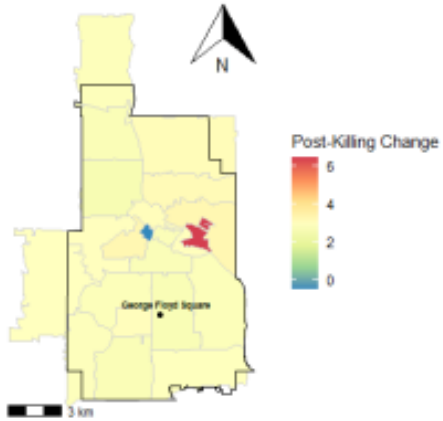


Figure 5: RE Coefficients-Latine Residents

Rate per 1,000

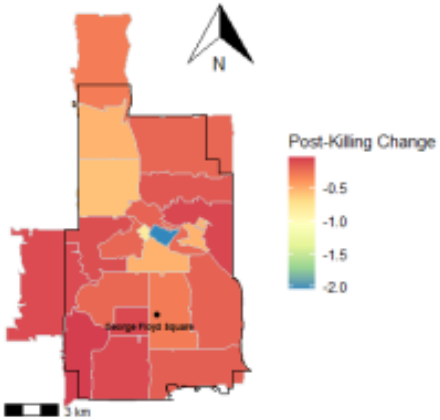
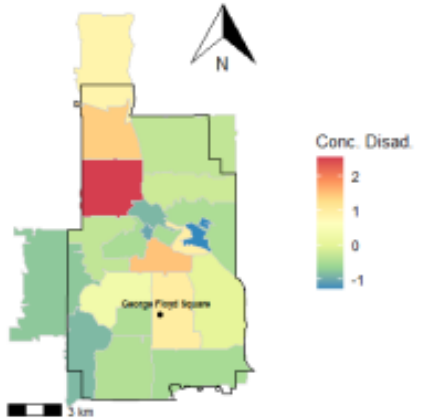


Figure 6: Concentrated Disadvantage

Standard Deviation Units



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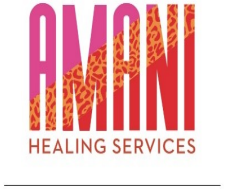
Conclusions

- the police murder of Mr. Floyd
  - increased firearm assault injury incidence
    - larger increases in ZCTAs with higher percent Black population
    - increase not explained by COVID-19 policy or "depolicing"
  - increased mental health diagnoses in Minneapolis
    - increase concentrated amongst Black residents
    - increase was global for Black residents (increase for White residents in areas of higher concentrated disadvantage)

Structural Racism, Police Violence, and Health: Work Ahead



Introduction: Police Violence

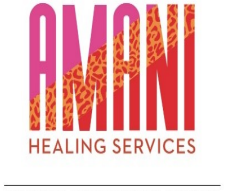
- police shootings
  - In 2023 (thus far...), 915 people fatally shot by police (Mapping Police Violence 2023)
  - unarmed Black person about 3.5x more likely to be shot that an unarmed White person (Ross 2015)
  - lifetime risk of being killed by police 1 in 1,000 for Black men (Edwards et al. 2018)
    - ~2.5 higher risk as compared White men
  - racial disparities as well in use of force generally (Knox et al. 2020)

Introduction: Structural Racism and Police Violence

- historical practices of structural racial exclusion
  - redlining ("HOLC Grades")
    - ranged from "A" to "D" and process of assignment highly racialized (Faber 2020)
    - effectively conflated race and "financial risk"
  - racial covenants
    - clauses inserted into property deeds to prevent non-White individuals from owning or renting space
- Individuals in lower HOLC graded areas experience worse contemporary health outcomes
  - physical and mental health (Lynch et al. 2021), life expectancy (Graetz et al. 2022), etc.
- redlined spaces linked to higher incidence of fatal encounters with police (Mitchell and Chiahay 2022)

Introduction: Police Violence and Health

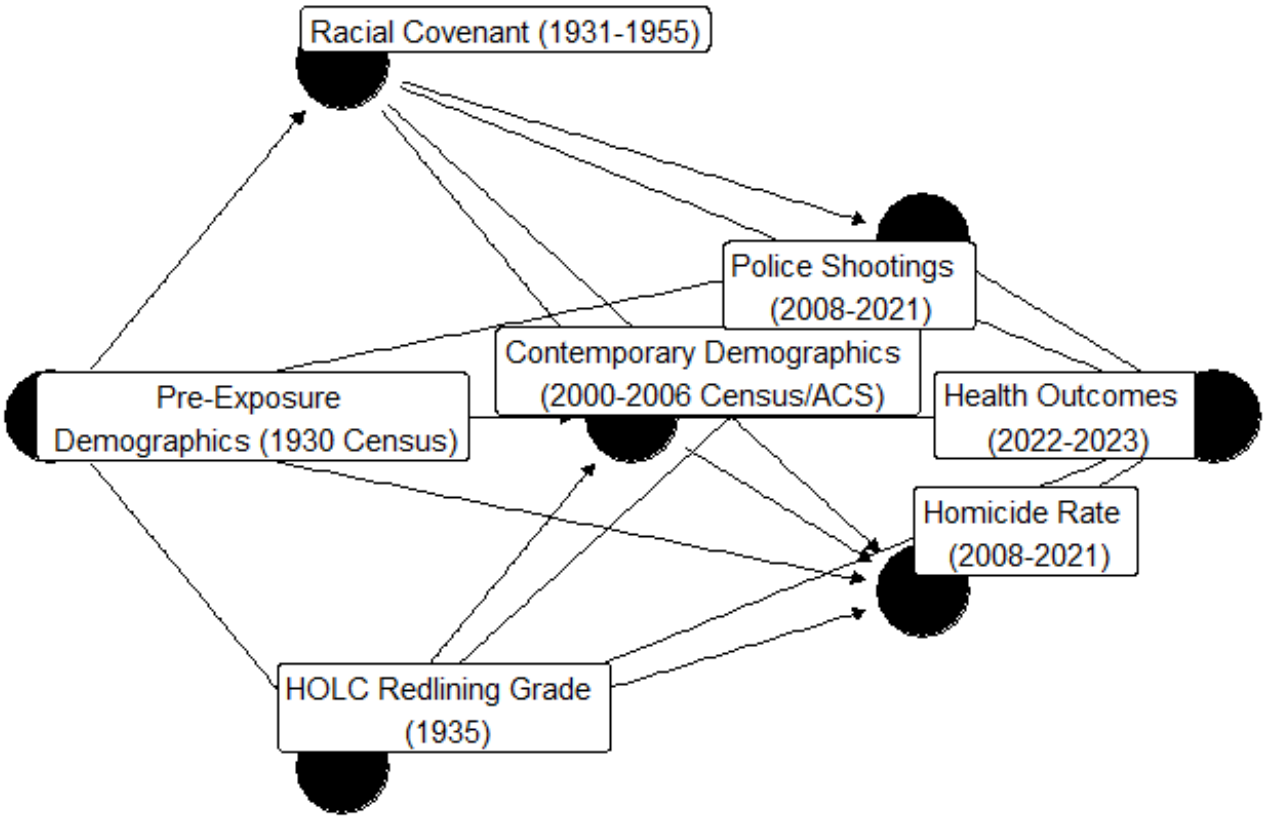
- direct health related concerns (e.g., morality, injury)
- health effects of *exposure* to police violence
  - general anxiety and depression (Geller et al. 2014; Alang et al. 2021)
  - suicide attempts (DeVylder 2017)
  - anticipation of future police violence (Salas-Hernandez et a. 2022)
- general health effects extend beyond direct exposure (DeVylder et al. 2022; Haile et al. 2023)



Research Questions

- **RQ1**: What's impact of historical redlining and racial covenants on police shootings?
  - net of current homicide rates and other factors
- **RQ2**: What's the impact of police shootings on health?
  - firearm assault injury, mental health, substance use, suicide, etc.
- **RQ3**: Do police shootings mediate the relationship between structural racism and health outcomes?
- **RQ4**: What are the mechanisms by which police shootings effect health outcomes? What are strategies of resilience used by community members and how do these strategies shape these processes?

Theoretical Model



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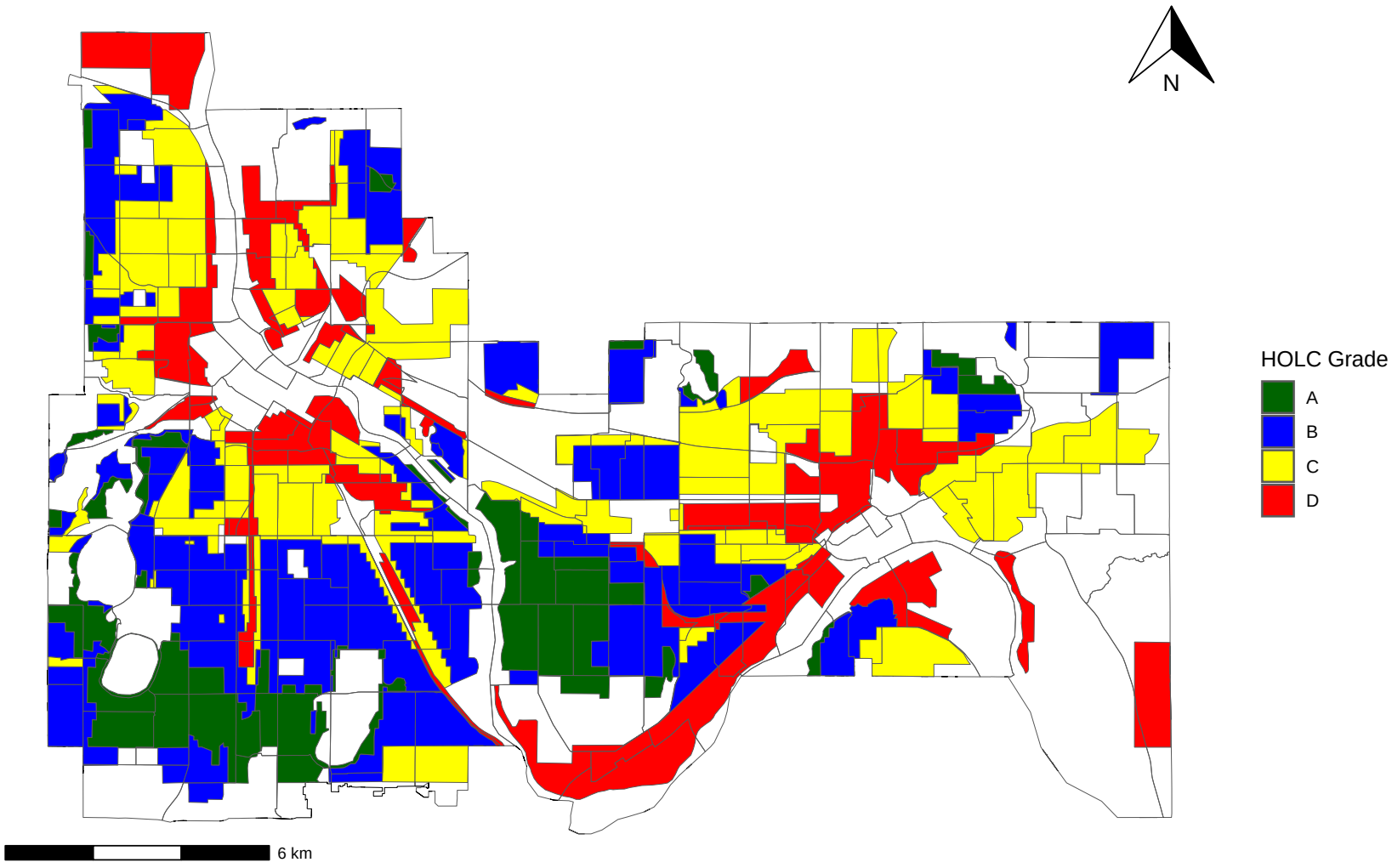
Data: Quantitative

- Key Exposures (Mapping Prejudice Project)
  - presence of redlining in ZCTA
  - presence of racial covenants in ZCTA
- Key Outcomes (Minnesota Hospital Association Data)
  - health diagnoses per 1,000
- Key Mediator (OpenMinneapolis)
  - rate of police shootings
- Controls
  - Pre-Exposure demographics and economic structure (1930 Census Data)
  - contemporary demographics and economic structure (2000-2006 Census Data)

Redlining in Minneapolis and St. Paul

HOLC Redlining Grades in MSP, 1935

Mapping Inequality, University of Richmond



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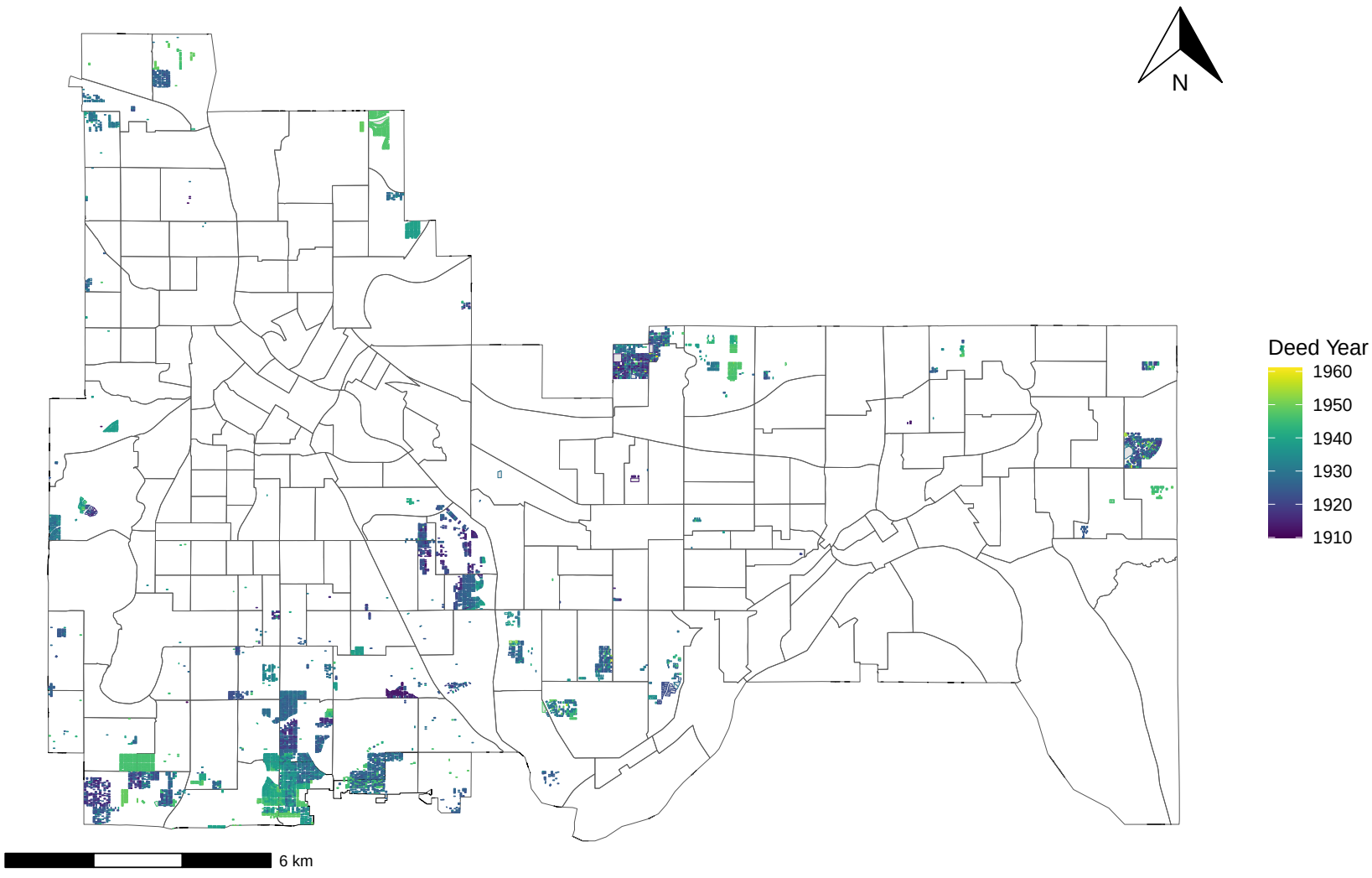
Racial Covenants in Minneapolis and St. Paul

Racial Covenants in MSP, 1910−1961

Mapping Prejudice Project, UMN



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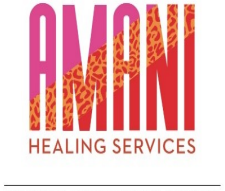
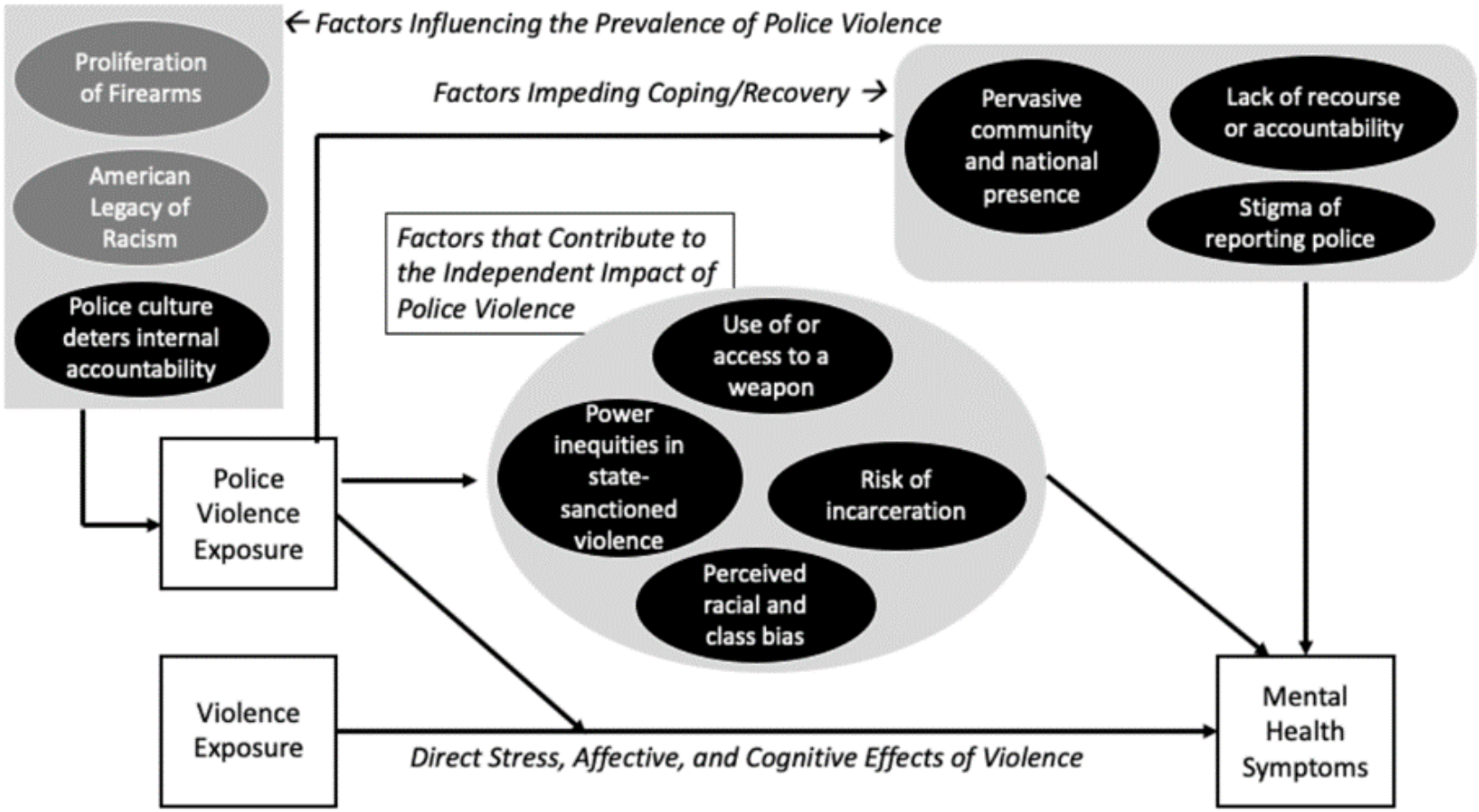
Mixed Method Design: Quantitative

- modeling the relationship between historical exposure to redlining/racial covenants and contemporary police shootings
  - spatial lag autocorrelation (AR) models adjusting for historical demographics
- modeling the relationship between police shootings and health outcomes
  - two-way fixed effects (TWFE) model on panel data from 2008-2023
- modeling the relationship between historical exposure to redlining/racial covenants and health outcomes
  - testing for a mediation effect of police shootings using a counterfactual mediation approach (Graetz et al. 2022)



Mixed Method Design: Qualitative



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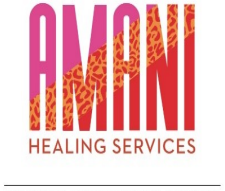
Background: Policing, Health, & Resilience

- Resilience refers to the ability – through positive emotions, successful traits, or coping behaviors – to respond to stressful or traumatic situations in healthy or positive ways (Sims-Schouten and Gilbert 2022; Suslovic and Lett 2023).
- Resilience often places the emphasis on individual adaptation to harm than the adaptation of the systems that cause harm.
- Police Violence-related coping strategies: the Talk (Malone Gonzalez 2022), hypervigilance (Hawkins 2022), and police avoidance (i.e., staying inside) (Smith and Robinson 2019).



Holistic Trauma Framework

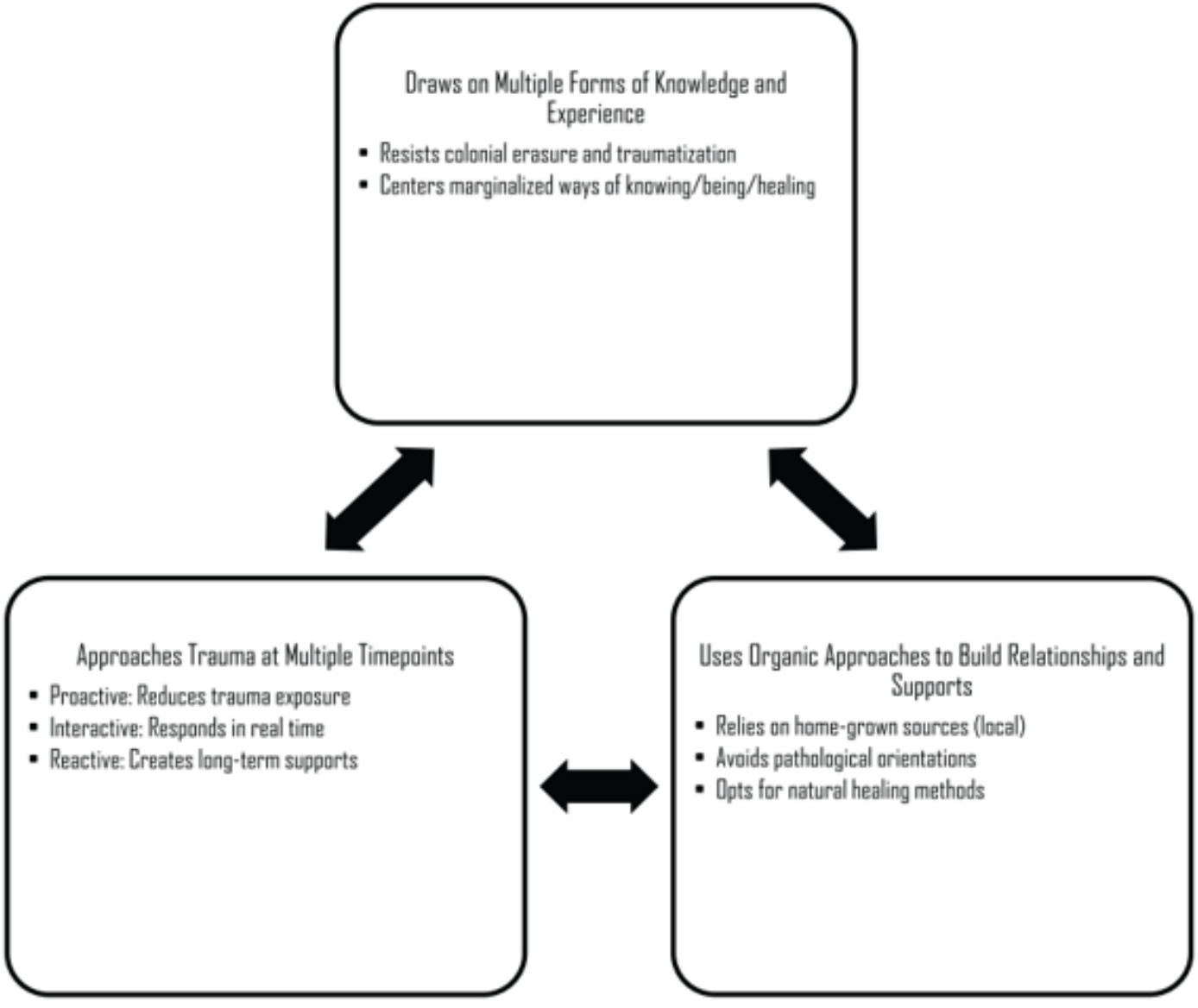
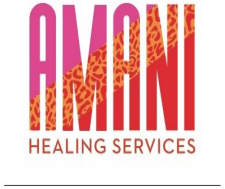


FIGURE 2. *Holistic Trauma Framework: A Visual Representation*

Qualitative Research Questions

- How do police shootings shape residents' perceptions of their individual and community health?
- How do strategies of resilience used by community members shape these processes?



Methods: Resident Interviews

- Conduct 40 semi-structured interviews with adult residents of Minneapolis-Saint Paul zip codes that have experienced a recent (2015-present) police shooting.
  - Each interview will last approximately 60-90 minute.
  - In-person and recorded
  - Goal: to identify potential mechanisms, including police shooting-induced stress perceptions, coping behaviors, and resiliency, that link exposure to police shootings to residents' health outcomes.

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Focus Group Insights Inform Resident Interview Questions

- Conduct 3 focus group with 18 residents of impacted Minneapolis-Saint Paul zip codes
  - Prioritize residents from historically redlined areas.
  - Goal: to obtain residents' feedback on proposed interview questions, identify additional areas and types of inquiry, and discuss potential policy solutions
- Participant Recruitment
  - Work with local health organizations (i.e., community health clinics and hospitals) to recruit focus group and study participants from their adult client population.
  - Mail study invitations to eligible zip code addresses and screening responding individuals for eligibility.

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Sample Resident Interview Questions

- How do you think that policing impacts your health?
- How do you generally hear about a police shootings of an unarmed person?
  - Do you usually discuss the incident with someone else? Who?
- What emotions do you generally feel after hearing about a police shooting of an unarmed person?
  - What do you do to manage those emotions?
    - Have you ever sought therapy after hearing about a police killing?
  - How does your daily routine change, if at all?
    - Do you tend to go to work or school the next day?
    - Do you avoid certain areas or activities?
- How do your family/friends/neighbors seem to respond in the days following a high-profile police shooting?

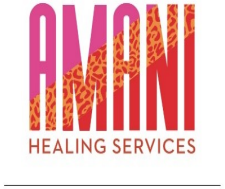
Analyzing Residents' Interview Transcripts

- Flexible coding approach (Deterding and Waters 2018)
  - Coding participant interview transcripts for descriptive and basic conceptual categories.
  - Drafting analytical memos that highlight common themes and identify patterns across participants by demographics (i.e., class position, age, parental status).
  - Re-coding the interviews as we encounter new insights from existing literature and participant interviews.
  - Discussing major themes as a research team and drafting final analytical memos.

Deliverables

- research manuscript
- grant proposal
- policy report

Racial Healing in Minneapolis



Racial Healing in Minneapolis

Sacred dialogue: Supporting Youth In the Aftermath of Collective Community Trauma & Curating Space for Healing.

- *This session was curated to assist Youth in having a safe place to discuss the social injustices that have taken place in our community. Many times, Youth are silenced and do not have a safe space to discuss their own emotions and experiences. This session is to discuss systemic issues, social injustices and how we can heal collectively. The facilitator will offer guidance during this discussion and will incorporate less conventional practices that promote healing to the collective(Reiki, Scripting, Breathwork, Guided Meditation).*
- *Emphasis on Non-judgment of self and others is imperative to the magic of healing during this session.*
- *Kamisha Johnson, LGSW is a Holistic Therapist, Healer and Curator of Sacred space discussions that are normally controversial in nature. Kamisha's non-judgment and radical approach to healing allows her to assist people in healing past and present trauma. Kamisha offers radical self-care practices as an act of self-love and as daily ritual which enhances the participants understanding and experience.*
- *"May Your Healing Be Magical"*

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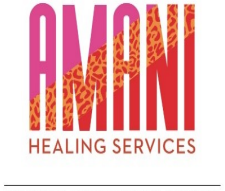
Racial Healing in Minneapolis

- Black Twin Citians finding comfort in safe spaces (startribune.com)



Discussion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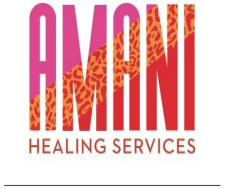
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Discussion

- Thank you for attending our breakout session!
- Very much looking forward to hearing your ideas about where to take our work
- Contact Information
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  - Chris Robertson: robe1930@umn.edu
  - Kamisha Johnson, LGSW: kamisha.johnson@gmail.com