

RESOLUTION NO. _____

**INEQUALITY AND UNCONSCIOUS BIAS AND ITS
EFFECTS ON COMMUNITY HEALTH**

WHEREAS, the foundation of America’s creation did not serve all people equally as intended;
and

WHEREAS, examples of this inequality are many, including Indigenous people being forcefully removed from ancestral homelands, familial kinship systems, natural resources, cultural ways of life, and language resulting in generational hardships including social, and economic disadvantages as well as physical, psychological and spiritual trauma; and

WHEREAS, the public health community is aware that Native Americans and Alaska Natives have a higher burden of illness, injury, and premature mortality than non-Hispanic Whites; and

WHEREAS, as the Lummi Nation and Nooksack Tribes are Sovereign Nations, the health care needs of this population can be excluded from policy discussions and these populations can be excluded from data sets on a local level; and

WHEREAS, the Black experience in America has been endured under slavery and Jim Crow which allowed preferential opportunities for White Americans while subjecting people of color to hardships, disadvantages and violence in every area of life and created a legacy of inherited trauma across generations; and

WHEREAS, throughout the history of the United States racism and inequality has manifested itself by acts of discrimination and oppression directed towards Black, Indigenous and people of color (BIPOC) and their communities resulting in fear, anxiety, trauma, terror, and long-term physical and mental health impairments, as well as causing economic oppression for the targets of racism, their communities and subsequent generations continue to suffer when unconscious bias is left to manifest itself in our culture which inevitable results in public policies that while unintended harm BIPOC communities; and

WHEREAS, in response to the killing of George Floyd and the unnecessary death of countless others in the same pointless fashion, people across the country have risen up to protest for a very worthy cause, the historic economic, environmental, and social injustices occurring towards people of various races and ethnicities, which continues to disproportionately affect the Black community; and

WHEREAS, Unconscious biases are social stereotypes about certain groups of people that individuals form outside their own conscious awareness; and

WHEREAS, *everyone holds unconscious beliefs about various social and identity groups*, and these biases stem from one's tendency to organize social worlds by categorizing; and

WHEREAS, these biases towards groups extend further than just racial groups to include, socioeconomic groups, marital status, age groups, gender groups, sexual preferences, political identity and many others; and

WHEREAS, inequality and unconscious bias have resulted in race as a social determinant of health, with persistent racial disparities in all aspects of health including housing, education, healthcare, employment, worker protections, criminal justice, climate impacts, food access, and technology, and Center for Health Progress has reported that data shows, race, income, and ZIP Code have a bigger impact on health than behavior or medical care; and

1 **WHEREAS**, BIPOC individuals and communities are disproportionately suffering in part due to
2 long standing, unaddressed health disparities as well as unconscious bias and other socioeconomic
3 inequities, and these persistent disparities in health outcomes are not due to genetic or biological
4 differences between the races, but most likely due to non-clinical/non-biological factors such as
5 socioeconomic status, racial and ethnical cultural differences, family composition, and long standing
6 unintentional bias in public policy; and

7 **WHEREAS**, the current COVID-19 pandemic has exacerbated the racial disparities within our
8 nation’s BIPOC communities ranging from health care access to risk exposure, and there is a clear
9 correlation between maps showing rates of COVID-19 hospitalizations and neighborhoods with high
10 social vulnerability; and

11 **WHEREAS**, lack of culturally and linguistically competent healthcare has resulted in less
12 utilization of services and poorer health outcomes among BIPOC individuals; and National Academy of
13 Medicine (NAM) found “racial and ethnic minorities receive lower-quality health care than white
14 people—even when insurance status, income, age, and severity of conditions are comparable” and
15 evidence from social psychological and health disparities research suggests that clinician–patient
16 racial/ethnic concordance may improve minority patient health outcomes; and

17 **WHEREAS**, Black women are at least three times as likely to die in childbirth as White mothers,
18 and Black newborns are more than twice as likely to die as White newborns, a disparity that is wider
19 today than it was in 1850 when the majority of Black Americans were enslaved, and one that is not
20 related to the economic or educational status of the mother; and

21 **WHEREAS**, Black Americans also have higher levels of low birth weights, and Black children are
22 more likely to endure asthma and have more severe symptoms than White children; and

23 **WHEREAS**, disparities in health outcomes and determinants of health by race are clearly evident
24 in Whatcom County where life expectancy for American Indian/Alaska Native populations is 69 years
25 compared with 81 years for White population; where 2 out of 3 American Indian/Alaska Native youth
26 experience depression compared with 1 out of 3 White youth; where median income is significantly
27 lower for American Indian/Alaska Native, Hispanic, Black, and Multi-Racial populations than for White
28 and Asian populations; where children who are American Indian/Alaska Native or Hispanic are half as
29 likely to enter kindergarten with skills needed to succeed in school and are also significantly less likely to
30 graduate from high school on time; and

31 **WHEREAS**, there is almost universal agreement about the importance of children, who are often
32 referred to as the “future of a nation” and a “nation’s greatest resource” Whatcom County Council
33 acting as the Whatcom County Health Board unanimously passed the Child and Family Action Plan to
34 help improve the Health outcomes for all the residents of Whatcom County; and

35 **WHEREAS**, improving Health outcomes for all the residents of Whatcom County should focus on
36 the statistical differences on health outcomes of children. Disparities in child health outcomes persist
37 despite advances in medical technology and increased global wealth; and

38 **WHEREAS**, when focusing policy discussions, it should be recognized that familial status can be
39 as large or larger a determinant of health outcomes and that BIPOC communities suffer a larger
40 proportion of familial hardship than the white population; and

41 **WHEREAS**, race relations have significantly improved since the civil rights movement of the
42 1960’s however, familial structure for BIPOC communities have not; and

43 **WHEREAS**, White children born in the 1950-54 period spent 8% of their childhood with just one
44 parent and black children 22%; and

45 **WHEREAS**, by 1980 White children spent 13.5% of their childhood with one parent and black
46 children 43.9%; and

1 **WHEREAS**, in 2012, 55.1% of all black children, 31.1% of all Hispanic children, 53% of Native
2 American children lived in a single parent household compared to 20.7% white children and only 17%
3 for Asian and Pacific Islander children; and

4 **WHEREAS**, 20 million children live in a home without the physical presence of a father and the
5 impact of fatherlessness can be seen in our homes, schools, hospitals and prisons, and
6 disproportionately, negatively impacts BIPOC communities; and

7 **WHEREAS**, the data unequivocally tells us fathers are vital and yet laws and society under value
8 their importance and society has long held the misguided notion that equality for one group comes at
9 the expense of another; and

10 **WHEREAS**, 85% of youth who are currently in prison grew up in a fatherless home; 75% of
11 adolescent patients being treated for substance abuse issues grew up in a fatherless home; 90% of
12 youth in the United States who decide to runaway from home or become homeless for any reason,
13 originally come from a fatherless home; 63% of youth suicides involve a child who was living in a
14 fatherless home; girls who live in a fatherless home have a 100% higher risk of suffering from obesity
15 than girls who have their father present; teen girls from fatherless homes are 4 times more likely to
16 become mothers before the age of 20; pregnant women who do not have the support of the father
17 experience pregnancy loss at a rate of 48% and when the father is present the loss falls to 22%; children
18 who live in fatherless homes are 279% more likely to deal drugs or carry firearms for offensive purposes
19 compared to children who live with their fathers; children from fatherless homes are twice as likely to
20 drop out of school before graduating than children who have a father in their lives; the U.S. Department
21 of Justice reports 75% of rapists are motivated by displaced anger that is associated with feelings of
22 abandonment that involves their father; and

23 **WHEREAS**, a lack of father involvement was linked to earlier births and lower birth weights and
24 researchers have found that father absence increases the risk of infant mortality and that the mortality
25 rate for infants within the first 28 days of life is four times higher for those with absent fathers than
26 those with involved fathers; and

27 **WHEREAS**, paternal absence is also found to increase black/white infant mortality almost four-
28 fold; and

29 **WHEREAS**, disengaged and remote interactions of fathers with infants is a predictor of early
30 behavior problems in children and can lead to externalizing behaviors in children as early as age 1; and

31 **WHEREAS**, statistics such as these have been well known for over 30 years yet fatherlessness
32 has continued to rise; and

33 **WHEREAS**, it appears unconscious bias may play a role in perpetuating inequality in family
34 court; and

35 **WHEREAS**, historically this difference was solidified in the Tender Years Doctrine which
36 mandated custody of children under age 4 be awarded to mothers, this doctrine was in use until the
37 1980's as the laws have progressed visitation and custody have improved however family court policy in
38 Whatcom County is far from gender equal which disproportionately negatively impacts BIPOC
39 communities; and

40 **WHEREAS**, the most frequently assessed social determinant in child health research is
41 socioeconomic status most notably income, and, in general, most studies have shown that children in
42 low-income households are more likely to experience respiratory illnesses, injuries, and other adverse
43 health outcomes; and

44 **WHEREAS**, in 2011, children living in female-headed homes with no spouse present had a
45 poverty rate of 47.6%, which is over four times the rate for children living in married couple families;
46 and

1 **WHEREAS**, the U.S. Census bureau reports the median income for households with a single
2 mother is \$35,400; the median income for a home with a married couple raising their children is
3 \$85,300, and this statistic is true even when there is only one working parent in the household; and

4 **WHEREAS**, the American Public Health Association, National Association of County and City
5 Health Officials, and the American Academy of Pediatrics have declared racism as a public health crisis;
6 and

7 **WHEREAS**, while historically speaking, racism has been the source of the disparities we see in
8 health outcomes for BIPOC communities, statistics tell us that other inequalities and unconscious biases
9 are also at play in perpetuating negative health outcomes for BIPOC communities; and

10 **WHEREAS**, focusing our attention solely on racism as the cause of these disparities may only
11 serve to perpetuate and exacerbate our current reality.

12 **NOW, THEREFORE BE IT RESOLVED** this Health Board will advocate that Whatcom County
13 government implement, with intent and fidelity, policies and practices that reflect a conscious effort to
14 ensure racial equity, equity of access and service, and further to ensure the equitable treatment of all
15 people, regardless of race, ethnicity, age, gender, or socioeconomic status.

16 Section 1. This Health Board declares that inequality and unconscious bias can be a public health crisis
17 when not recognized and addressed.

18 Section 2. This Health Board is committed to making Whatcom County a welcoming, inclusive, and safe
19 community for everyone. While we promote free thought and speech, we condemn racism and
20 brutality, hate speech, bigotry, violence and prejudice in any form.

21 Section 3. This Health Board endorses the continued implementation and use of policies and practices
22 for employee conduct and equitable treatment of all people and honors, by approval of this Resolution,
23 the common humanity of all people, regardless of race, ethnicity, age, gender, or socioeconomic status.

24 Section 4. This Health Board commits to actively participating in the dismantling of inequality and
25 unconscious bias and the impacts of such in Whatcom County by:

26 A. Implementing annual training on the following topics for all elected officials, County staff and
27 members of boards, commissions and committees: implicit bias, trauma informed practices, and
28 review of health disparities.

29 B. Assessing and revising County department policies, procedures, and ordinances to ensure
30 racial and gender equity and transparency are core elements using relevant statistical data, up
31 to and including family court policies that promote the presumption of joint physical custody for
32 both parents and seek to eliminate bias in orders issued by family court.

33 C. Ensuring that hiring practices provide equal opportunities for people of color to be employed
34 to help insure the diversity in our workforce mirrors the diversity in our community.

35 D. Prioritize diversity of race, ethnicity, age, gender, and socioeconomic status within the county
36 commissions.

37 E. Supporting community efforts to amplify issues of racism and bias and engaging actively and
38 authentically with communities of color wherever they live.

39 F. Building and strengthening alliances with other organizations that are confronting racism, and
40 the Government Alliance on Race and Equity (GARE), which is a national network of local
41 government agencies working to achieve racial and gender equity with opportunities for all.
42 Additionally, involve community representation and input in matters of historic and continued
43 racial injustice.

1 Section 5. This Health Board will continue to, through its goodwill, dialogue, and decision-
2 making efforts and powers, evaluate and support policies that are consistent with the principles
3 of equity of access, services, and treatment of all people regardless of race, color, age, gender or
4 ethnicity and ensure that such policies do not perpetuate or exacerbate racial disparities within
5 the county.

6 Section 6. This Health Board shall facilitate keeping data and monitoring progress on the goals
7 set up on the resolution.

8 **APPROVED this ____ day of _____ 2020.**

9
10 **WHATCOM COUNTY COUNCIL**
11 **ATTEST: WHATCOM COUNTY, WASHINGTON**
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15 _____
16 **Dana Brown-Davis, Clerk of the Council** **Barry Buchanan, Council Chair**
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18 **APPROVED AS TO FORM:**
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20 _____
21 **Civil Deputy Prosecutor**
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23