

**BEFORE THE BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON  
RESOLUTION NO. \_\_\_\_\_**

Declaring Racism a Public Health Crisis in Multnomah County, Oregon.

**The Multnomah County Board of Commissioners Finds:**

1. As the Local Public Health Authority for our community, Multnomah County plays a unique role in protecting and safeguarding the public health of all communities living within the county and the descendants of the Indigenous lands on which it operates.
2. To be effective in this work, Multnomah County believes it is critical to acknowledge that, similar to the U.S. nation state, the state of Oregon was founded by colonial white settlers on occupied Indigenous lands through many tools of colonial violence, including racism, that have become institutionalized and thus legitimized in an ongoing cycle that results in historical, intergenerational and contemporary damage to the health, wellness, and futures of Black, Indigenous, and all People of Color (“BIPOC”), including Latinx, Pacific Islanders, and Asians, as well as immigrants and refugees of color.
3. Multnomah County recognizes that the entirety of Multnomah County rests on the homelands, villages and ceded territories of the Indigenous Tribal nations. We acknowledge the genocide, forced removal, and systemic erasure of Indigenous peoples that have allowed us to ignore and deny this history and our responsibility to Indigenous people.
4. Further, the state of Oregon was founded on the notion of creating a white utopia, and around the functional and implicit removal, exploitation and/or exclusion of BIPOC individuals and communities. From Black exclusion laws and restrictions that barred Black and Chinese people from voting, to a steady stream of discriminatory laws and the practice of redlining in Portland, the legacies of Oregon's founding ideals continue to perpetuate harm, oppression, and marginalization within communities of color today.
5. Racism is codified into our laws and institutions, which were created on a foundation of the ideology of white supremacy; it upholds systems, structures and policies that were created to advantage white people while neither serving nor benefiting people of color. But racism also shows up between individuals through slurs, offensive language or hate speech; bullying, harassment and discrimination; and other acts of bigotry, all of which reinforce and perpetuate inequities.
6. The connection between the brutal and inhumane legacies of chattel slavery and the health outcomes of Black communities and all communities of color continues today. These unjust disparities will continue without systemic changes.
7. The detrimental impact of racism on what have traditionally been considered the social determinants of health — healthcare, education, social and community contexts, economic stability and generational wealth, adequate and safe housing, neighborhoods, and transportation — has resulted in inequalities and health inequities

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across the life course for BIPOC communities and negatively affects health outcomes for all people living in the United States.

8. Members of BIPOC communities experience disproportionately higher rates of arrest, prosecution, and incarceration, and are more likely to be traumatized, injured and even killed as a result of state-sanctioned violence.
9. The experience of racism causes toxic stress and trauma on BIPOC individuals and communities at-large that affect their mental health, and are linked to a range of negative impacts on physical health and well-being. These experiences create harmful psychosocial stress-responses that can lead to changes in physical health, including but not limited to: increases in heart rate, high blood pressure, inflammation, greater body mass index, and complications of pregnancy resulting in a disproportionate number of infant deaths. Other impacts include disengagement from healthcare and preventative care, even when care is accessible. These effects are intergenerational, and prevention and redress have multi-generational benefits.
10. Furthermore, the inequities resulting from systemic racism mean that the threats of the climate crisis, like poor air quality, extreme heat and flooding, fall disproportionately on frontline communities of color. Policies aimed at addressing these threats that are developed without an intentional prioritization of frontline BIPOC communities can exacerbate racial disparities through inequitably distributed burdens and benefits.
11. Multnomah County acknowledges the ways in which race and systemic racism have shaped institutions, structures, communities, and individuals. Multnomah County also recognizes that this organization has historically contributed to and upheld the inequalities and harms of systemic racism.
12. Over the past decade Multnomah County has evaluated its mission, vision, policies and procedures, and has actively invested in programs and policy solutions designed to address racial inequities, including but not limited to:
  - a. Co-creating access to free, high-quality, developmentally appropriate and culturally responsive preschool experiences for all 3- and 4-year-olds in Multnomah County and helping caregivers return to the workforce.
  - b. Centering racial equity and prioritizing BIPOC communities in addressing and preventing homelessness.
  - c. Launching the Transforming Justice initiative to envision and implement a new public safety system that is decoupled from the history of institutionalized racism that permeates the current criminal legal system.
  - d. Disinvesting from the criminal legal system and applying those resources to expand culturally specific programs and services for justice involved individuals.
  - e. Increasing investments in culturally specific services and programs across the County, ranging from services for youth to programs for justice-involved community members.
  - f. Working with BIPOC communities to develop and continue to implement a culturally specific COVID-19 response plan that centers and meets the needs of their communities.

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- g. Adopting the Equity and Empowerment Lens, a transformative quality improvement tool that centers racial justice.
  - h. Transitioning our systems and processes to collect race, ethnicity, language and disability (REAL-D) data, critical for better understanding population health.
13. By using public health approaches that seek to understand and address health impacts at the individual, familial, communal and societal levels, we are afforded the opportunity to expand current dialogue beyond isolated incidents to a broader discussion that centers racism in the United States as a social determinant of health.
  14. Over 170 local governments across the country have taken similar action to declare racism a public health crisis.
  15. Multnomah County's efforts are supported by many national and local public health organizations, including but not limited to the American Public Health Association, Oregon Affiliate of the American Public Health Association, American Academy of Pediatrics, the United States Office of Disease Prevention and many others.

**The Multnomah County Board of Commissioners Resolves:**

1. Declare racism a public health crisis and, by doing so, name racism as a root cause of health inequities impacting the life course of Black, Indigenous, and all People of Color ("BIPOC"), including Latinx, Pacific Islanders, and Asians, as well as immigrants and refugees of color, and negatively impacting all people living in the United States.
2. Recognize that the impacts of racism stretch far beyond the harms perpetuated against individuals, and are detrimental to both our local community and entire society. Accordingly, the work of Multnomah County to reduce and eventually eliminate health inequities must continue to lead with race in order to ensure our efforts address the root causes of health inequities.
3. Support the application of a public health approach to policy development across the County, which includes:
  - a. Conducting research, analyzing and collecting data, and monitoring progress to ensure policy approaches adopted by Multnomah County are data driven and have built-in accountability measures, including safeguards to ensure that data is collected in a trauma-informed, culturally appropriate manner.
  - b. Uplifting strategies that can address harms and provide supportive services to individuals and communities most impacted by health inequities.
  - c. Seeking upstream solutions to address health inequities at the population level, recognizing that racism is a social determinant of health outcomes.
  - d. Utilizing community engagement strategies across all domains of work referenced in 3a-3c.
4. Champion critical County efforts that center a racial justice and racial equity lens by:

- a. Continuing to systematically lift up the voices of community members and invest in community-led policy solutions, as has been done through the work of the Community Health Improvement Plan and the REACH grant.
- b. Supporting the ongoing implementation of the Workforce Equity Strategic Plan.
- c. Continuing to develop policies and practices to ensure equity in the budget process.
- d. Implementing the Climate Justice Initiative, which seeks to co-create solutions for mitigating and adapting to the climate crisis with frontline BIPOC organizations and individuals.
- e. Using racial impact assessments in the development of all resolutions, ordinances, and other items requiring board action.
- f. Implementing new health equity strategies that address leading causes of preventable death and years of life lost.

**ADOPTED this \_\_\_ day of \_\_\_\_\_, 20\_\_.**

**BOARD OF COUNTY COMMISSIONERS  
FOR MULTNOMAH COUNTY, OREGON**

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Deborah Kafoury, Chair

REVIEWED:  
JENNY M. MADKOUR, COUNTY ATTORNEY  
FOR MULTNOMAH COUNTY, OREGON

By \_\_\_\_\_  
*Jenny M. Madkour, County Attorney*

**SUBMITTED BY:** Ebony Clarke, Health Department Director