CITY OF SOUTH PORTLAND

DEQA DHALAC
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City Manager

EMILY F. SCULLY
City Clerk

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Jensen Baird Gardner & Henry

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JOCELYN E. LEIGHTON

District Two
KATHERINE W. LEWIS

District Three
MISHA C. PRIDE

District Four
LINDA C. COHEN

District Five
DEQA DHALAC

At Large
VACANT

At Large
SUSAN J. HENDERSON

IN CITY COUNCIL

RESOLVE #40-21/22

RESOLVED, that the South Portland City Council hereby adopts the attached, declaring racism as a public health crisis.

Fiscal Note: Less than $1,000

Passed 6-0
Dated: May 17, 2022

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WHEREAS, we gratefully acknowledge the Native Peoples on whose ancestral homelands we gather, as well as the diverse and vibrant Native communities who make their home here today; and that our ability to work, play and live here is directly through their stewardship of the land; and

WHEREAS, in establishing its identity as these United States of America, and since the time the Constitution of the United States was ratified, leaders and settlers in this country have systematically assassinated, dehumanized and prevented the achievement of health and prosperity for all people living on this land; and

WHEREAS, these systematic and organized efforts were mostly concentrated on Black, Indigenous and Persons of Color, including enslaved Africans; and

WHEREAS, some settlers benefited financially from these systematic and organized efforts; and

WHEREAS, "Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources" (Jones, 2018); and

WHEREAS, the systems that perpetuate racism are customized and reapplied to create and sustain social and economic disparities in other populations, including but not limited to older adults, persons with low-income, unhoused populations, LGBTQ+ community, people with mental and behavioral health conditions, and people with disabilities, putting everyone's health at risk; and

WHEREAS, these historic and contemporary racist actions intentionally and unintentionally design systems that implicitly and explicitly impact the physical, psycho-social, and economic wellbeing of Black, Indigenous, and Persons of Color; and

WHEREAS, these historic and contemporary racist systems impact education, housing, economic opportunity, health care, criminal justice, and other determinants of health; and

WHEREAS, these longstanding systems of racial and socioeconomic inequity cause documented disparities in educational outcomes, economic achievement, social status, and health among non-White populations; and

WHEREAS, the harmful structural factors of racism and the violence and poverty that it engenders, can be internalized by communities, and research shows emotionally and psychologically affect whole communities of people; and

WHEREAS, systemic racism and discrimination create conditions within communities that place increased stress on children and families; and

WHEREAS, we know that there are people in our community that are experiencing this discrimination and stress now; and

WHEREAS, the COVID-19 pandemic and Black Lives Matter movement have laid bare these disparities across communities; and

WHEREAS, the City of South Portland, in its 2012 Comprehensive Plan (Appendix J) acknowledges the existence of archeological resources within its boundaries of significance to the time period of initial encounters between Europeans and Indigenous communities in the late sixteenth and seventeenth centuries; and

WHEREAS, the impacts of exclusionary zoning, which is a contemporary practice that prohibits equitable and attainable housing for all, can be seen in disparities in learning environments, educational attainment, and quality and quantity of city services; and

WHEREAS, the systems and structures that underlie health-related data collection, interpretation, and ownership – and associated publications – conceal these disparities, including lacking in disaggregation by demographic factors; and

WHEREAS, available data demonstrate the impact of these inequitable systems on people in South Portland in education, criminal justice, health care, and economic wellbeing; and

WHEREAS, actions that correct racial and socioeconomic inequities are necessary for some and ultimately good for everyone; and in the same way we can appreciate achievements we were not directly involved with, we may also recognize harms we were not directly involved with; and

WHEREAS, the City of South Portland has already recognized these principles in its words and actions, including by establishing the South Portland Human Rights Commission in September 2020; and

WHEREAS, 1) racial inequity looks the same across systems; 2) socio-economic difference does not explain the racial inequity; and 3) inequities are caused by systems, regardless of people's culture or behavior (Racial Equity Institute).

NOW, THEREFORE, BE IT RESOLVED, that Mayor Dhalac and members of the South Portland City Council declare racism a public health crisis because the invisible and visible systems it creates damage the health and wellbeing of all people and cause economic and social harm;

NOW, THEREFORE, BE IT RESOLVED, that Mayor Dhalac and members of the South Portland City Council hereby dedicate financial and human resources to explore examining City systems, policies, charters, ordinances, and procedures and make recommendations to address, and commit to responding to, systemic racism; and

BE IT FURTHER RESOLVED, that the City of South Portland will promote awareness of existing reports on racial disparities, including the Mid Atlantic Equity Consortium's report for the South Portland School Department, and will further fortify existing research relationships focused on racial disparities; and

BE IT FURTHER RESOLVED, that the City of South Portland will support organizations, such as the South Portland Historical Society, Public Library, and School District, to provide educational opportunities and resources for residents to learn about the city's history as it relates to slavery and slave holding, and relationship with tribal communities; and

BE IT FURTHER RESOLVED, that the City of South Portland will explore a process for examining existing ordinances and proposed ordinance and zoning changes for racial impacts and exclusionary affects, and will prioritize affordable and attainable housing; and

BE IT FURTHER RESOLVED, the City of South Portland will endeavor to incorporate Indigenous voices in its boards, commissions, and committees, especially those reviewing land use issues and historic and archaeological sites; and

BE IT FURTHER RESOLVED, that Mayor Dhalac and members of the South Portland City Council direct the Board of Health and Human Rights Commission to work together to oversee a Community Health Needs Assessment, designed to identify the health needs of people in South Portland, including issues of systemic racism, and engage community members in a robust dialogue to educate, inform, and identify changes, and data to inform an Equity Atlas; and

BE IT FURTHER RESOLVED, that Mayor Dhalac and members of the South Portland City Council direct city boards and commissions to review and prepare recommended actions in response to findings from research conducted in the city, including the Mid Atlantic Equity Consortium report, Equity Atlas, Community Health Needs Assessment, and other reports and research;

NOW, THEREFORE, BE IT RESOLVED, that Mayor Dhalac and members of the South Portland City Council hereby commit to discuss these recommendations and dedicate financial and human resources as appropriate, including naming them in Council Goals and changing city processes, procedures, ordinances, and other guiding actions as relevant to recommendations.

Exhibit: Definitions and Data

Introduction

Longstanding inequities in determinants of health have been laid bare during the COVID-19 pandemic. The systems and structures that perpetuate these disparities first targeted non-White populations and have since been used to similarly disadvantage populations based on other demographic factors, including income, rurality, age, sexuality, and gender.

Here, we provide definitions and data to support these assertions; and the request for the City of South Portland to declare that racism is a public health crisis, recognizing that its pervasiveness and impact has implications for all members of our community, and the commitment of human and financial resources to eliminate the harmful consequences it has on the South Portland community.

Definitions

Racism is "a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources."[1]

Systemic Racism (also referred to as institutional or structural racism) is "a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity… It has come about as a result of the way that historically accumulated White privilege, national values, and contemporary culture have interacted so as to preserve the gaps between White Americans and Americans of color."[2]

Structural Inequities "are the personal, interpersonal, institutional, and systemic drivers—such as, racism, sexism, classism, able-ism, xenophobia, and homophobia—that make those identities salient to the fair distribution of health opportunities and outcomes. Policies that foster inequities at all levels (from organization to community to county, state, and nation) are critical drivers of structural inequities."[3]

Implicit Bias "refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. Residing deep in the subconscious, these biases are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness. Rather, implicit biases are not accessible through introspection. The implicit associations we harbor in our subconscious cause us to have feelings and attitudes about other people based on characteristics such as race, ethnicity, age, and appearance."[4]

Public Health is defined as "what we, as a society, do collectively to assure the conditions in which people can be healthy."[5]

Social Determinants of Health are the "conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[6]

Examples of Systemic Racism & Structural Inequities in Public Health Data

Criminal Justice: In 2019, the Council on State Governments' Justice Center published a report about a Justice Reinvestment approach in Maine, with the goal of helping state leaders identify and address the most pressing criminal justice system challenges. Ultimately, the report found that when controlling for population, Black people in Maine are more frequently arrested than their White peers, across offenses: In 2018, 1% of Maine's population was Black; however, Black people accounted for 5% of arrests, 16% of Class A felonies, and 8% of drug arrests. As a comparison, that same year, 94% of the population was White; White people accounted for 71% of arrests, 67% of Class A felonies, and 72% of drug arrests.

When researchers examined further the felony drug offense data, they found that the more serious the charge, the greater the racial disparity: Black people accounted for 21% of Class A drug offenses, 15% of Class B drug offenses, and 4% of Class C drug offenses. White people accounted for 63% of Class A drug offenses, 67% of Class B drug offenses, and 79% of Class C drug offenses.

Black people also make up a disproportionate percentage of the incarcerated population statewide. Twelve percent of prison sentences were for Black defendants, and the proportion increased with the seriousness of the crime: 23% for Class A prison sentences, 19% for Class B prison sentences, and 7% for Class C prison sentences. Notably, the opposite pattern was observed for White defendant: 71% for Class A prison sentences, 75% for Class B prison sentences, and 89% for Class C prison sentences.

In South Portland, in 2020, Black people represented 4.3% of the population[7] and 16.8% of the adult arrests."[8]

Health: According to the U.S. Centers for Disease Control and Prevention, across the U.S., "racial and ethnic minorities experience higher rates of illness and death across a wide range of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease, when compared to their White counterparts. Additionally, the life expectancy of non-Hispanic/Black Americans is four years lower than that of White Americans."[9]

Per a recent article in *The New England Journal of Medicine*, "Racial health inequities are not signs of a system malfunction: they are the by-product of health care systems functioning as intended. For example, the U.S. health insurance market enables a tiered and sometimes racially segregated health care delivery structure to provide different quality of care to different patient populations. This business model results in gaps in access to care between racial and ethnic groups and devastating disparities like those seen in maternal mortality."[10]

Nationally, the maternal death ratio for Black women (37.1 per 100,000 pregnancies) is 2.5 times the ratio for White women (14.7) and three times the ratio for Hispanic women (11.8).[11] Disparities in maternal and child health, specifically prenatal access, were documented in Maine

in a recent (January 15, 2022) report to the Maine Legislature, prepared by the Permanent Commission on the Status of Racial, Indigenous and Tribal Populations. One example of their findings: Between 2016-2019, the severe maternal morbidity rate was 176% higher among African American delivery hospitalizations than among White delivery hospitalizations in Maine (50.1 per 10,000 deliveries).

Ethical conduct of human subjects research in public health and health care is a historic and contemporary systemic problem; in particular when considering the process of acquiring informed consent. In 1996, the FDA created the "exception from informed consent process" (EFIC) to allow for the study of drugs and medical devices used to treat emergency conditions. These studies are, by definition, exempt from typical requirements for collecting informed consent from study participants. A 2018 study by Feldman, Hey, and Kesselheim in *Health Affairs* documents racial disparities in EFIC trials, and raises questions about the fairness and ethics of conducting these trials. Indeed, the study reports that although Black people represent 13% of the US population, they comprise 29% of participants in EFIC trials, and only 5% in clinical trials, which do require informed consent.

The tobacco industry was built on – and has been sustained by – the labor of enslaved people. For decades, the tobacco industry has intentionally and aggressively targeted Black communities, specifically with extremely addictive menthol-flavored tobacco.[a] As a result, the highest prevalence of menthol cigarette use is among Black smokers.[12] A wealth of research indicates that neighborhoods that are predominantly Black have a disproportionate number of tobacco retailers, and pervasive tobacco marketing – in particular, more marketing of menthol products.[13] A 2011 California study found that as the proportion of Black high school students in a neighborhood rose, the proportion of menthol advertising increased, the odds of a Newport promotion were higher, and the cost of Newport cigarettes was lower.[14] Between 1998–2002, *Ebony* magazine was 9.8 times more likely than *People* magazine to contain ads for menthol cigarettes.[15]

In Maine, there are also disparities in tobacco use among racial and ethnic populations such that White youth were the least likely to have reported using tobacco in the past 30 days (10.0%), with the greatest difference seen among Native Hawaiian or Other Pacific Islander youth (36.0%), followed by American Indian or Alaskan Native (20.1%) and Black or African American youth (13.3%).[16]

Education: According to the Government Accountability Office, nationally, while only 15.5% of public school students are Black, about 39% of students suspended from school are Black; this is an overrepresentation of approximately 23 percentage points. These disciplinary actions can increase students' risks for other negative outcomes, including more interaction with the criminal justice system.[17]

In South Portland, in 2019, the School Department contracted with the Mid Atlantic Equity Consortium to engage their services to ensure schools were providing equity of access to

[a] To learn more about the history of the tobacco industry marketing to African Americans, visit: https://centerforblackhealth.org/tobacco

opportunity for all students. The report was published in 2021. These are some of the qualitative findings from the parent focus groups:

> **Racial and homophobic comments from teachers.** A participant who works as a substitute teacher explained that teachers often "*say things around you that they don't realize anyone is listening to. And I have heard racist comments, I have heard incredibly sexist comments, and I heard homophobic comments, I have heard all kinds of things. It is not in any way broad scale, there are a few teachers who I never want to be around them again and I don't want my kids near them*."

Students of color discussed a lack of access to advanced coursework, low academic expectations from teachers, and discouragement in applying to competitive colleges. Students also talked about bullying and harassment, poor relationships with school staff, teacher use of racial slurs, and inaction on the part of school administration towards their concerns. In addition, students expressed a desire for concerted initiatives in support of people of color, more diverse administration and staff, and better representation of people of color in curricula.

Income: According to the U.S. Census Bureau (using data from the American Community Survey), the percent of the population in Maine living below the federal poverty level in 2020 was: 10.4% White, 31.1% Black or African American, 28.0% American Indian or Alaskan Native, 13.0% Asian, and 33.7% Native Hawaiian or Other Pacific Islander.[18]

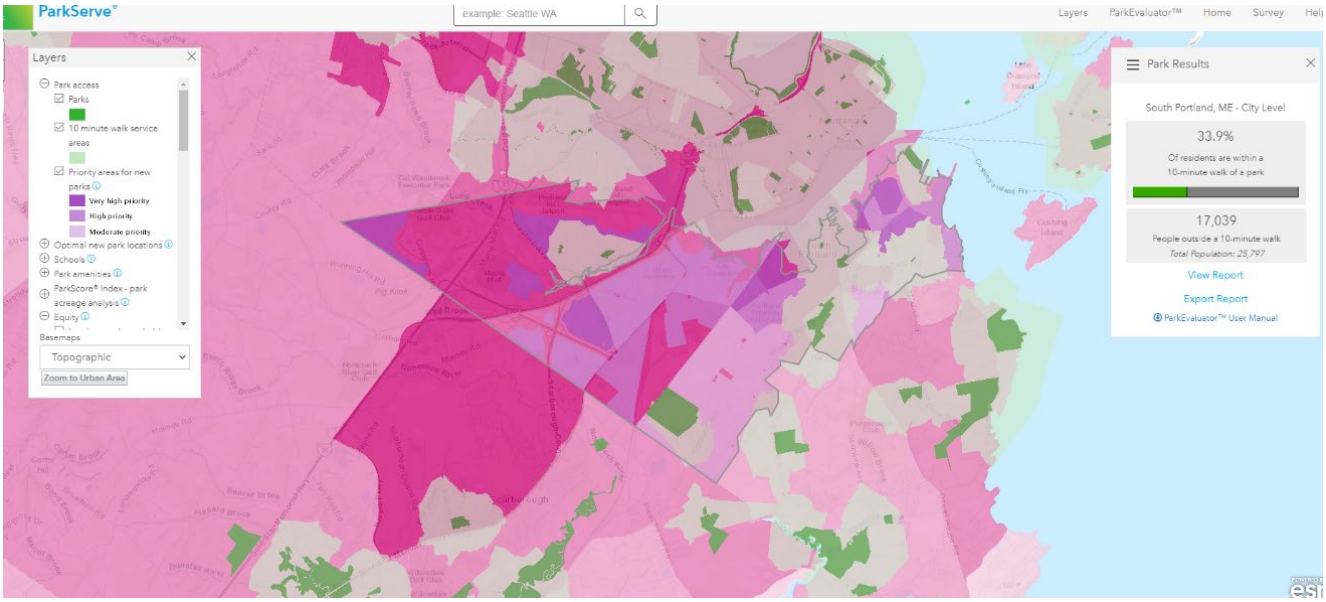
In 2020, Minnesota established a House Select Committee on Racial Justice. On January 25, 2021, the House Select Committee released its first Report to the Legislature. According to this report, "Policy decisions have played a central role in creating and maintaining the racial wealth gap. Race conscious and discriminatory policies created the foundation for the racial wealth gap and that reality means it will be difficult to close the gap with merely a focus on individual choices and behaviors of Black people."

Housing: The Federal Housing Administration (FHA) has practiced race-based housing segregation since its inception. According to Gotham (2020): "As many scholars have recognized, during the 1930s and later, the agency's [FHA] home building subsidies and subdivision regulations helped to institutionalize racial residential segregation on a national scale by requiring the use of racially restrictive covenants on government-insured housing and refusing to insure mortgages for homes in predominantly minority areas of the inner city."[19] Together, these practices are referred to "redlining." According to the Brookings Institution, "Redlining was the practice of outlining areas with sizable Black populations in red ink on maps as a warning to mortgage lenders, effectively isolating Black people in areas that would suffer lower levels of investment than their white counterparts."

In South Portland, documents and an accompanying map from the Maine Historical Society demonstrate the practice of "redlining" in South Portland neighborhoods in 1935, using ethnic groups' "Grade of Security." According to their documents, "The HOLC's [Home Owners' Loan Corporation] printed guidelines directed assessors to rate neighborhoods based on housing stock, sales and rental rates, physical attributes, the occupations, income, ethnicity of citizens, and 'any threat of infiltration of foreign-born, negro, or lower grade population.'"

Such zoning and lending practices perpetuate health disparities by concentrating poverty in select zip codes and forcing developments further from economic hubs (so people must drive further for work, school, health care, etc.). With greater concentrated poverty, there is associated lower tax revenue, which has consequential negative effects for neighborhood investments, infrastructure (e.g., schools), and public safety and healthcare services. While FHA's practices were intentional, even unintentional zoning practices that perpetuate segregation have these same negative impacts.

Access to Green Space: Using data from Trust for Public Land's ParkScore, we mapped access to green space, overlaid with race and ethnicity data. These are our findings:[b]



What this map demonstrates is inequitable investment in green space access; indeed, the areas of South Portland with a higher concentration of racial and ethnic minorities have less access to green space, compared with areas that have a higher concentration of White residents.

Conclusion: Taken together, these data – from across sectors (criminal justice, health, education, income, housing, access to green space) – demonstrate the systematic and structural inequities that underlie racial disparities. The consequences of these multisector, chronic inequities have consequences for psychosocial wellbeing, educational and economic achievement, quality of life, and life expectancy. Indeed, according to the U.S. Centers for Disease Control and Prevention, while age-adjusted death rates increased in 2020 from 2019 for all race-ethnicity-sex groups, there were disparities by race: increasing 42.7% for Hispanic males, 32.4% for Hispanic females, 28.0% for non-Hispanic Black males, 24.9% for non-Hispanic Black females, 13.4% for non-Hispanic White males, and 12.1% for non-Hispanic White females.

These data justify the importance of declaring that racism is a public health crisis, and the dedication of resources to address these inequities, so that all people in South Portland have a

[b] Legend: Pink: People of Color (%). Light pink = very low %, Dark pink = very high %; Purple: Priority areas for new park. Light purple = moderate priority, Dark purple = very high priority.

just and fair opportunity to achieve and sustain good health. We all play a role in contributing to these disparities; it is time to take action to improve these systems and structures to better the health and wellbeing of our all members in our community.

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[1] Jones CP. 2018. Toward the science and practice of anti-racism: Launching a national campaign against racism. *Ethnicity & Disease*; 28(Suppl 1): 231–234.
[2] Racial Equity Tools. 2020. Structural racism.
[3] National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Community-Based Solutions to Promote Health Equity in the United States; Baciu A, Negussie Y, Geller A, et al., editors. Communities in Action: Pathways to Health Equity. Washington (DC): National Academies Press (US); 2017 Jan 11. 3, The root causes of health inequity.
[4] Kirwan Institute for the Study of Race and Ethnicity. 2015. State of the Science: Implicit Bias Review.
[5] Institute of Medicine. 1988. The Future of Public Health. Washington, DC: The National Academies Press.
[6] Office of Disease Prevention and Health Promotion. (n.d.). Social Determinants of Health. *Healthy People 2030*. U.S. Department of Health and Human Services.
[7] U.S. Census Bureau. QuickFacts: South Portland city, Maine.
[8] Department of Public Safety, Maine State Police. 2020 Crime in Maine: Arrests by Race and Ethnicity.
[9] U.S. Centers for Disease Control and Prevention, Office of Minority Health & Health Equity. 2021. Racism and health.
[10] Hardeman RR, Medina EM & Boyd RW. 2020. Stolen breaths. *N Engl J Med*; 383:197-199.
[11] Declercq E & Zephyrin L. 2020. Maternal Mortality in the United States: A Primer. *Commonwealth Fund*.
[12] American Cancer Society Cancer Action Network. 2020. Disparities in tobacco use.
[13] Lee JGL, et al. 2015. A systematic review of neighborhood disparities in point-of-sale tobacco marketing. *AJPH*.
[14] Henriksen L, et al. 2011. Targeted advertising, promotion, and price for menthol cigarettes in California high school neighborhoods. *Nicotine & Tobacco Research*.
[15] Landrine H, et al. 2005. Cigarette advertising in Black, Latino and White magazines, 1998-2002: An exploratory investigation. *Ethnic Disparities* 15(1):63-7.
[16] Maine Center for Disease Control and Prevention & Maine Department of Education. 2019. Maine Integrated Youth Health Survey.
[17] Riddle T & Sinclair S. 2019. Racial disparities in school-based disciplinary actions are associated with county-level rates of racial bias. *Proceedings of the National Academy of Sciences*;116(17):8255-8260.
[18] U.S. Census Bureau. Maine: Poverty status in the past 12 months. Last updated December 9, 2021.
[19] Gotham KF. 2000. Racialization and the state: The Housing Act of 1934 and the creation of the Federal Housing Administration. *Sociological Perspectives*, *43*(2), 291–317.