COVID-19 Impact Assessment and Future Strategies

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COVID-19 Impact Assessment and Future Strategies

PRODUCED ON THE HOMELANDS OF THE LUMMI NATION AND NOOKSACK TRIBES. (2021)

PROMOTING HEALTH EQUITY WORK IN WHATCOM COUNTY

BY: SOC435

A research project conducted by students in the Western Washington University Sociology course: Population Health Advocacy
Spring 2021

Preface

Although this Honor's capstone is under my name, Sarah Thorsteinson, this document was co-authored by 15 students from Dr. Mogford's sociology capstone class Population Health Advocacy (authors named below), and therefore not all work presented in this document is my own. As a group we conducted interviews, analyzed our findings, and used literature to suggest strategies going forward. My individual contribution as lead editor, was working on writing the results section with a group of two others, as well as editing and organizing all the parts from each group into a cohesive piece. In the final editing stages, I worked directly with Dr. Mogford through multiple drafts to create this final document.

Dr. Mogford allowed me to be a part of this project after taking her Global Health class, despite this class being a sociology class and me not being a sociology major. This work is a reflection of what I have learned over the quarter working with her and her class doing qualitative data research.

Authors

This study was a collaboration between Healthy Whatcom and Western Washington University. The study was conducted by students in the Spring, 2021 Sociology course: Population Health Advocacy, taught by Professor Liz Mogford. The authors names are listed below.

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Special Thanks

We extend our heartfelt gratitude and thanks to Amy Rydel and Healthy Whatcom for giving us the opportunity to conduct this research; to our interviewees for sharing their valuable time and ideas; and to the individuals who attended our presentation and those who will read this report. We hope our findings and ideas prove helpful in your work towards making Whatcom County an anti-racist, equitable home for all residents.

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INTRODUCTION

In 2019 - 2020, Healthy Whatcom of the Whatcom County Health Department (WCHD) brought together community partners to commence a series of "Results Based Accountability" workshops that would culminate in the county's Community Health Improvement Plan (CHIP). The goal of the workshops is to develop an action plan rooted in racial equity that addresses the CHIP priority areas of childcare, youth mental health and housing security. The RBA workshops were interrupted by the COVID-19 pandemic and the racist events of 2020. These double pandemics exacerbated health and social inequities already afflicting our community. Over this time, Whatcom County experienced increased houselessness, deterioration in youth mental health, and lack of availability and affordability for child-care assistance programs. As Healthy Whatcom already recognized that racial equity must be at the forefront of policy making, these amplified disparities highlighted the need to update the data informing their RBA process. Hence, in spring 2021, Healthy Whatcom invited us, students in the Western Washington University Sociology class *Population Health Advocacy,* to conduct a research project intended to supplement and update the 2018 Community Health Assessment data for the workshop series.

Our project consisted of conducting qualitative interviews with service providers and social service agencies focusing on the impacts of COVID-19 related to the CHIP priority areas and on how inequities have been exacerbated by the double pandemics. We also conducted a policy scan, examining prominent public health literature for frameworks and policy ideas that could pertain to the interview findings and the specific case of Whatcom County. This report outlines the literature reviewed, describes our research findings, and concludes with a section of proposed strategies that we hope will inform the 2021 CHIP.

LITERATURE REVIEW

As intergenerational learners, we have reaped the benefits and consequences of collective knowledge. We have invented, developed, and grown, thanks to others. With the capacity to learn from others, we can strengthen resiliency and expand our viewpoints. Unfortunately, inequitable distribution of power has allowed privileged voices to hold the microphone throughout history and today. While researching, it is essential to reflect not only on quotes and data, but on context, inconsistencies, and one's own positionality. One way to assure multiple voices is by aligning research with literature and theories that provide new perspectives and give agency to voices that are typically underrepresented.

Healthy Whatcom provided our group with several articles and reports to inform our research. These included current theory and policy documents focused on achieving equity, namely: *The Ground Water Approach* released by the Racial Equity Institute, *Thriving Together,* a collaboration between Community Initiatives and ReThink Health, and *Targeted Universalism* compiled by the Haas Institute for Fair and Inclusive Society. We also added the Bellingham Racial History Timeline to our literature review.

<u>**Groundwater Approach**</u>

The Groundwater Approach was made to help leaders and organizers stay focused on the structural and cultural roots of racial inequity, and to help build a practical understanding of structural racism.

This document is the result of decades of work in the racial justice movement, from organizations and individuals pushing to understand and combat inequity. As stated, "any wisdom present here was developed over years of movement-building and anti-racist community organizing and includes the input of thousands of organizers, community members, and leaders from across the U.S. and beyond" (GA:3).

What is the Groundwater Approach?
The groundwater is a metaphor to explain the nature of racism in the United States. "The metaphor is based on three observations: racial inequity looks the same across systems, socio-economic difference does not explain the racial inequity; and inequities are caused by systems, regardless of people's culture or behavior" (GA:5). In this metaphor, if you have a lake in front of your house and one day you go outside and see one dead fish, it makes sense to analyze the fish and ask what might be wrong with it, but the groundwater approach suggests a root cause analysis.

> *...if you come out to that same lake (with one dead fish) and half the fish are floating belly-up dead, what should you do? This time you've got to analyze the lake… Now, picture five lakes around your house, and in each and every lake half the fish are floating belly-up dead! What is it time to do? We say it's time to analyze the groundwater. How did the water in all these lakes end up with the same contamination? On the surface the lakes don't appear to be connected, but it's possible — even likely — that they are. In fact, over 95% of the freshwater on the planet is not above ground where we can see it; it is below the surface in the groundwater.*

Why is it Important?
Focusing downstream, or on a single fish in a pond, does little to disrupt inequities and discrimination. For example, if we in the U.S. decided to "solve" the achievement gap tomorrow without looking at the groundwater of racism and racial inequities, the achievement gap would reappear over time. The groundwater approach pulls leaders away from implementing band-aid solutions based on addressing surface-level outcomes, reorienting them towards solutions that address the structural roots of racism.

<u>**Thriving Together**</u>

"[Thriving Together] is an imperfect work of progress, written for today, yet part of a larger story in a long, evolving movement. We share it with humility, in hopes of joining with others as we search for better ways to thrive together."

Thriving Together was created to address issues that were exacerbated by the pandemic and the cumulative events of 2020. The ~350-page document lays out frameworks of change to enable communities to improve in areas referred to as "vital conditions" or "properties of places and institutions that we all depend on to reach our potential" (TT:5). Within each of the seven vital conditions are descriptions outlining the importance of the topic, including suggestions, demands, and recommendations that lay out a clear framework to achieve equitable change and ensure thriving communities.

The Vital Conditions
The vital conditions outlined in the document include promoting a thriving natural world, basic needs for health and safety, humane housing, meaningful wealth and work, lifelong learning, reliable transportation, and belonging and civic muscle (TT:6). These conditions overlap and create a holistic strategy for addressing community inequities. While each condition contains its own set of ideas for change, belonging and civic muscle encompass all vital conditions and recommendations. The significance of this concept is described by this quote:

> *At the community level, feeling like an important part of a larger community strengthens social ties, increasing trust and cooperation— making it easier to work together. This connection builds a virtuous cycle: When people feel valued and cared for within the community, they are more likely to contribute and participate in creating healthy, equitable places (TT:52).*

The goal is that all work done within each vital condition should also improve community belonging and civic muscle. As stated above, entire communities should be engaged in change and policy, so all are involved with community health and wealth.

Why is it Important?
Thriving Together was critical in informing our research, as it outlines many solutions and recommendations in the context of COVID-19. It centers equitable practices and emphasizes accountability from the individual to the entire community. The document includes community improvement frameworks that can be used in a variety of situations. As such, it is a reference to return to while reflecting on policy development, and it is a reminder of why community health and engagement are so important.

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Targeted Universalism

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"Targeted universalism emphasizes goals, and recenters the policy debate toward a focus on outcomes" (TT:15).

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What is Targeted Universalism?
The *Targeted Universalism Policy and Practice Primer*, published by the Haas Institute for a Fair and Inclusive Society, can be adapted to diverse structural and cultural dynamics, allowing policymakers to strive towards universal goals by addressing specific needs with targeted strategies. Targeted Universalism has two components: 1. a universal goal based upon a shared

recognition of a societal problem and collective aspirations, and 2. targeted strategies designed to advance all groups toward the universal goal. Thus, Targeted Universalism is "tailored to address both the structures that impede different groups and populations and to affirmatively develop structures that promote the desired outcome for different populations" (TU:15). The authors john a. powell, Stephen Menendian and Wendy Ake wrote the *Targeted Universalism Primer* in May 2019, considering the paralyzing political gridlock experienced by policymakers. The authors pay special attention to the seesaw of preferences for targeted and universal strategies, identifying that neither approach meets the diverse needs to achieve a universal goal. For example, universal strategies apply to everyone without regard to group membership, like minimum wage or universal national health care programs. An implicit flaw, as described by the authors, is that "at the core of any universal approach is an implicit universal norm, assuming that everyone it attempts to serve is similarly situated" (TU:10). A simple look at the disparities in nearly every health outcome reminds us that this is not the case, hence the preference for targeted strategies. These policies single out specific populations to the exclusion of others, usually with the goal of "closing the gap." Equity-based strategies are often targeted strategies. The weakness of these strategies "is their vulnerability to political challenge, particularly when the targeted group is an 'outgroup' or perceived as underserving," (TU:14).

As such, the authors urge policymakers to align strategies that create belonging and promote bridging by following the five-step process of Targeted Universalism. The "targeting" portion of the framework is unique in that it also recognizes that each targeted group is composed of diverse individuals who, though they share similar barriers, may also be similarly and differently situated relative to systems, structures, and cultures. Being able to identify this critical component for targeted strategies allows the framework to be grounded in not only universal goals, but also the reality that groups are composed of unique experiences among people "who exist in a mixed state of multiple identities" (TU:30). This reiterates the authors' takeaway message that Targeted Universalism must intentionally center those who are traditionally excluded in decision making processes and should share both power and participation with an acknowledgement of their expert knowledge.

The Five Steps of Targeted Universalism (TU:20):
1. Establish a universal goal based upon a broadly shared recognition of a societal problem and collective aspirations.
2. Assess general population performance relative to the universal goal.
3. Identify groups and places that are performing differently with respect to the goal. Groups should be disaggregated.
4. Assess and understand the structures that support or impede each group or community from achieving the universal goal.
5. Develop and implement targeted strategies for each group to reach the universal goal.

Why is it important?
Within the context of Healthy Whatcom and the Whatcom County Health Department's aspirations, the Targeted Universalism framework is an excellent foundation for establishing

universal goals that can transcend and be sustained through each CHIP cycle. Especially within the context of the CHIP priority areas, these five steps are vital for building multiple targeted implementation strategies that strive to reflect the diversity of each targeted group. Understanding the complex web of structures influencing each priority area is paramount for recentering targeted groups in the process. Additionally, Targeted Universalism has the power to reinforce internal accountability for evaluating effectiveness of targeted strategies and to promote belonging in decision-making spaces.

Blueprint for Changemakers

Blueprint for Changemakers elaborates on drivers and barriers of equitable public health by providing context and tangible solutions.

Who Developed Blueprint for Changemakers?
Blueprint for Changemakers is a document developed by ChangeLab Solutions, an organization that works with the public, private, and nonprofit sectors. They believe that "laws and policies are powerful determinants of health that influence distribution of resources and power and have the potential to create meaningful, lasting change."

Although the Blueprint was published in 2019, before the onset of COVID-19, the research and analyses are topical and offer insightful, creative solutions. ChangeLab has worked in all fifty states, as well as numerous territories and tribal nations, to combat health inequities through law and policies. "ChangeLab Solutions offers the largest library in the nation of innovative model laws and policies that communities can build on and adapt to their needs in applying these strategies" (BC:3).

What is the Blueprint for Changemakers?
The Blueprint for Changemakers tackles various forms of oppression with specific policy recommendations. Interconnectedness is a theme of the document: "healthy systems make for healthy places, healthy places make for healthy communities, health communities make for healthy individuals."

The research and policy recommendations in this document are rooted in key theories that emphasize *justice.* The blueprint is based on the premise that everyone deserves to be healthy. Their policy strategies embrace all elements of a community, taking particular interest in the demographics who take the brunt of disproportionate health outcomes. The document points out that one size will *not* fit all in terms of community health strategies, but data distributions suggest specific policies and resource/power arrangements that will have positive impacts on the community at large.

Why is it Important?
To best include the entirety of a community, ChangeLab believes that *power requires accountability*, *collaboration is essential*, and *representation matters*. Each of these ideas can be tangibly activated within Healthy Whatcom. The policy recommendations and thematic

strategies in the Blueprint fall in line with Whatcom County Health Department's promise of working towards anti-racism, inclusivity, and equity.

Bellingham Racial History Timeline

The *Bellingham Racial History Timeline* is a project aimed at addressing Bellingham's history. As stated on their main page: "The lack of racial diversity in Bellingham is not an accident. Colonization, followed by a history of discriminatory practices, policies, and events, have shaped our city. We have to understand our history to create a better future." The project was created through a collaboration of individuals who wish to remain anonymous. In addition to providing a detailed timeline, the website also provides links to additional resources for further learning and assessment, including census data, data on racial disparities from Whatcom County's Racial Equity Commission, and links to three different walking tours.

Why is it important?
Through the resources provided in this project, anyone can begin to learn the history of Bellingham and the ways in which this history is relevant to current events. This is evident in the timeline because the events are ongoing. The timeline begins with an entry about the Coast Salish inhabitants, followed by an entry about the incursion by land in the 1770s by the first White settlers that led to the spread of multiple diseases among Indigenous populations. What follows are numerous events and policies that should be read in their entirety through the project's website. Entries include not only the rise but welcoming of the KKK into this community. At their state convention in 1929, the mayor of Bellingham handed the Grand Dragon the keys to the city. 65 years later, in 1994, a burning cross was left outside of the camp of a migrant woman. In 2015, WWU closed its campus due to hate speech and threats. Nearly 100 years after the mayor provided the keys of the city to the Grand Dragon, amidst nationwide Black Lives Matter protests in 2020, Bellingham saw a rise in racist intimidation by White supremacists, including their undisturbed presence with assault rifles downtown and the distribution of White supremacist flyers in the Lettered Streets and on WWU's campus. This sequence (not limited solely to some of the events mentioned here, the timeline should be referenced for a fuller understanding) demonstrates a cycle of racial intimidation and violence in Bellingham. However, it also gives us a glimpse to ways in which reckoning with these events provides a path forward: while the keys of the city were given to the KKK in 1929, the Whatcom Human Rights Task Force was formed quickly after the cross-burning in 2015.

It is also important to learn place-based history, because the stories we tell continue to shape our narratives today. In *Bellingham History from Below*, one of the walking tours linked via the timeline, WWU History professor Dr. Josh Cerretti walks to numerous significant locations while providing historical information on the stories and relevance of these sites. One of the locations is the Pickett House, where Dr. Cerretti explains that through memorializing the Confederate general who first owned it, we erase the history of other people in the house and institute a more appealing narrative of the settlement of Bellingham.

The most recent entry on Bellingham's Racial History Timeline is the 2020 declaration of racism as a public health crisis by Whatcom County Council. Such a statement has never been made in our local history. Council member Carol Frazey, the Chair of the Public Works and Health Committee, is quoted in the entry: "Affirming that racism is a public health crisis allows us to acknowledge that racism is built into our systems, invites accountability, and allows us to take action. Now we can begin to work together toward racial equity, justice, and better health outcomes." This marks an opportunity to work towards changing our systems so that we can see a significantly different timeline moving forward, one in which racial equity is advanced, while simultaneously acknowledging and addressing the tainted legacy of Bellingham's racist history.

To conclude, the *Groundwater Approach*, *Thriving Together*, *Blueprint for Changemakers*, the *Targeted Universalism Primer*, and the *Racial History Timeline* center social determinants and equity as key drivers of community health and represent a goldmine of collective learning. We hope our community will reference and apply the invaluable and practical frameworks and theories within these documents.

DATA AND METHODS

In May 2021, we conducted 25 semi-structured qualitative interviews with individuals from Whatcom County representing government, nonprofit organizations, foundations, private health care, and the Lummi Nation. Our interview participants were primarily identified by Healthy Whatcom (about four were identified by our sociology professor). Interviews lasted from 30 to 45 minutes and were conducted over Zoom. We prepared a series of open-ended general and probing questions, written with the intent to draw out longer responses and narratives. Our study goals were to understand the impacts of COVID-19 and the events of 2020 on the respondents' work, with a particular emphasis on impacts to populations experiencing marginalization. In addition, we asked our respondents to share their ideas on policy strategies as we move out of COVID-19, with a particular focus on equity within the CHIP priority areas. The general interview questions were:

1. Describe your position/organization.
2. How has COVID-19 changed the nature of you work?
3. What has become better since COVID-19?
4. What has become worse since COVID-19?
5. What needs will become more acute in the next 2 years because of COVID-19?
6. How have you seen folks experiencing marginalization being impacted differently by COVID-19?
7. What strategies do you have to address these needs?
8. Which of these strategies are being implemented now? Please explain.
9. What resources do you anticipate needing to best implement these strategies?

While the above questions were the general format of the interview, each priority area differed slightly to be more specific to their area. Also, since the interviews were semi-structured, the questions did not always follow this format exactly.

Each interview was conducted one-on-one between the student and respondent. We recorded the zoom meeting and then transcribed the interview using computer software (Zoom or Otter.ai), after which we deleted the video. We then coded the transcripts using grounded theory analysis to identify patterns and general themes. Our findings are outlined in the following section.

RESULTS

From our 25 coded transcripts, we identified common themes and subthemes that crosscut the priority areas of homelessness, youth mental health and economic security/childcare. The patterns fell within four general themes:

1. COVID-19 Negative Impacts
2. Impacts on Communities Experiencing Marginalization
3. COVID-19 Strengthening Resiliency
4. Respondent's Strategies to Moving Forward

An outline of our findings is shown below in Figure 1, after which we present the themes and subthemes, supporting them with evidence in the form of quotes from the interviews.
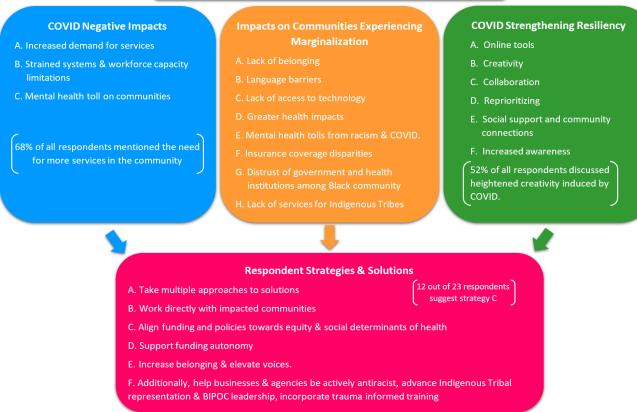
Summary of COVID Impact Assessment Results

COVID Negative Impacts

A. Increased demand for services

B. Strained systems & workforce capacity limitations

C. Mental health toll on communities

68% of all respondents mentioned the need for more services in the community

Impacts on Communities Experiencing Marginalization

A. Lack of belonging

B. Language barriers

C. Lack of access to technology

D. Greater health impacts

E. Mental health tolls from racism & COVID.

F. Insurance coverage disparities

G. Distrust of government and health institutions among Black community

H. Lack of services for Indigenous Tribes

COVID Strengthening Resiliency

A. Online tools

B. Creativity

C. Collaboration

D. Reprioritizing

E. Social support and community connections

F. Increased awareness

52% of all respondents discussed heightened creativity induced by COVID.

Respondent Strategies & Solutions

A. Take multiple approaches to solutions

B. Work directly with impacted communities

C. Align funding and policies towards equity & social determinants of health

D. Support funding autonomy

E. Increase belonging & elevate voices.

F. Additionally, help businesses & agencies be actively antiracist, advance Indigenous Tribal representation & BIPOC leadership, incorporate trauma informed training

12 out of 23 respondents suggest strategy C

Figure 1. Summary of COVID-19 Impact Assessment Results

COVID-19 Negative Impacts

The year 2020-21 had negative impacts on agencies across Whatcom County. These impacts fell within the subthemes of increased demand, strained systems, and isolation.

Increased Demand and Strained Systems

Over half of our respondents described an increased demand for their services during 2020. One perinatal health worker said, "families needed more support than ever; they needed support around COVID-19" (MH3). This was echoed in other interviews, where providers described more people wanting to use their services:

> So typically, there'd be like 15 to 20 percent of women who would experience a perinatal mood and anxiety disorder. So just to give you a rough estimate, there's about… 2200 babies born in Whatcom county last year, I think, so that's like we can just say 350 women would need support. Whereas just since January, I've got 80 calls, and that's not even, like, I'm just one provider, right?
>
> -MH6, private perinatal mental health counselor

> I heard from Mercy Housing Northwest this last week…The year prior to
> the pandemic they had 1000 contacts in one year with their residence at
> their various housing sites here in Whatcom County … the year during the
> pandemic they had 9000 contacts, and so they went from serving a much
> smaller proportion of people around food security and food access to
> serving 95 percent of all their residents needed food support this last
> year.
> > -CC3, nonprofit community health director

The increased demand was seen through providers having longer waitlists and being forced to
refuse services due to limited availability:

> The waiting list has really ballooned, so we've got a lot more families
> falling into homelessness than we've seen, you know, ever-ish, and so
> that's been really challenging. At the same time, I think there's some
> trepidation around renting, and who folks rent to when, you know, we're
> not sure about eviction moratoriums and other typical aspects of
> landlord recourse, and so I think there's some impacts of that. We've also
> seen that the housing market has continued to be really tight and really
> expensive with not a lot of inventory.
> > -H4, nonprofit housing agency director

Increased demand for services coincided with system strain, represented in part by closures of
childcare facilities across the county, with about nine closures during this past year, including
one of the largest in the county (according to CC9, who works in early learning and family
services). This respondent emphasized that Whatcom County is already a childcare desert, so
these closures had severe impacts.

Additionally, access to low-income housing became more acute. A nonprofit housing program
manager said, "One of the things we see is that nobody's leaving their subsidized housing. So
there used to be more movement in the system" (H1). Mental health providers also reported
not being able to keep up with the demand, with one private perinatal mental health counselor
explaining, "We are swamped, like I'm hiring counselors ... I tell women multiple times a day I'm
sorry we're so full we can't even put you on the waitlist" (MH6).

Toll on Mental Health
A major pattern in the interviews was the mental health toll from COVID-19 and the events of
2020, for providers as well as the community at large. Respondents described the constant
demand on provider's mental, physical, and emotional health:

> Our staff deal with their own stress from their own families, their own
> fears, maybe illnesses, although we've been lucky. But everybody we
> work with is also impacted. So everybody is a little sadder, a little more

isolated, things are a little tougher, everybody's mental health is
suffering.
-H1, nonprofit housing program manager

Across the board, interviewees stated that they observed mental health deterioration in all communities, specifically an increase in depression, anxiety, fear, and trauma. For adults, the mental stress was more akin to "... there's a constant mental load of having to digest: where are we at now? What's changed? What's appropriate? What can I do? What can my kids do? Am I going to have a job?" (MH6, private perinatal mental health counselor).

Zoom was a common adaptation we saw in the agencies we interviewed, but they reported many limitations, specifically with people having trouble planning and sustaining connections with youth. While no one is coming out of this pandemic unscathed, different age groups struggled mentally in different ways:

I am concerned about the.... toddlers. All they see is a lot of fear...in the adults around them, a lot of masking, not enough social interaction and empathy and understanding, just a lot of fear. So I'm concerned about that really little generation that doesn't have the capacity to understand and talk through what's happening.
-MH6, private perinatal mental health counselor

Many interviewees suggested that isolation and resocialization anxiety are at the forefront of mental health issues post-COVID-19, with 16 out of 25 (64%) respondents discussing isolation during their interviews. Resocialization anxiety can be best illustrated in youth returning to school. One interviewee says, "it's not just returning to school, it's returning to school with all the precautions and masks and especially [for] those who, you know, don't have a lot of social connection… It's even harder to make friends right now at school" (MH9, child and family therapist).

COVID-19 Impacts on Groups Experiencing Marginalization
Throughout the United States, COVID-19 has disproportionately impacted groups experiencing marginalization, particularly BIPOC communities. This pattern holds true for Whatcom County as well. According to Washington State Department of Health data, BIPOC populations have been hardest hit by COVID-19 in Whatcom County. Data collected December 2020 shows that these groups have COVID-19 mortality rates that are 2-3 times higher than white populations (WA Department of Health, 2021).

Our analysis of the interviews revealed several specific ways in which COVID-19 and the events of 2020 exacerbated disparities that were already impacting marginalized communities. These fall along the themes of *lack of belonging*, *lack of access to technology*, *disparities in insurance coverage*, *language barriers*, *health and mental health disparities*, *distrust of government*, and *lack of services*. As one interviewee stated, "the

pandemic has just exacerbated every single issue that we've already been concerned about" (CC6, public health foundation director).

Lack of Belonging
Two interviewees described in depth that they feel a lack of belonging in their communities due to the reality that Whatcom County is predominantly White. According to one respondent, a DEI leader in Bellingham, this lack of diversity leads to fatigue: "We live in a very White space. And then we also have community members that don't understand the struggle right now. You know, so when you're... this is a conversation that never gets to end for me, I'm at work, I talk about it, and I'm at home and talk about it. And I'm with my friends and we talk about it" (MH1). They went on to express that BIPOC county residents feel a lack of community, which has been exacerbated by the isolation and online communication that came with the past year:

> So, for example, in a lot of Black and Brown communities, the idea of
> being with and just being near and that sense of touch or community is
> so critical to our ability to feel like ...we can be as resilient as we need to
> be, we can be as successful as we need to be ... But, in the zoom
> environment, you don't have that touch as much.
> -MH1, DEI leader in Bellingham

Throughout our interviews, respondents expressed various ways in which communities experiencing marginalization feel the desire for greater belonging, whether it be social, financial, or physical. An example of what belonging looks like to local Indigenous Tribes can be seen through a desire for funding autonomy. One interviewee, a member of the Lummi Nation, described how their Community Based Participatory Research process for determining project priorities can feel limited by the parameters of governmental grant writing requirements. Using CBPR, they were able to "identify strengths and resiliency of our community to support young people being connected to their community, being connected to their family, being connected to their spirit, and therefore providing that foundation that we are growing strong, healthy, resilient individuals" (MH4). The interviewee explained that it would be helpful to support local Indigenous communities as they identify their own priorities in their own ways – "that if those resources would come in, the tribes could determine the area of need and identify the solutions." Feeling represented in policy and grant making processes represents a sense of belonging that is not always being experienced.

Access to Technology
Many community members in Whatcom county struggled with access to technology. Eight out of 23 of our interviewees (35%) reported that lack of access to technology was a problem for communities experiencing marginalization. In the interviews, they described how the switch to everything being online was inaccessible for lower income and rural communities. One described their struggles with this in their work: "The biggest struggle has been families that don't have connectivity, and that's the same for kids who are in schools. People out in the county [are in] dead zones. There are places that don't have wifi; there are places that don't

have cable." (MH5, nonprofit community service agency worker). Community advocates explained how they have tried to address this by providing youth access to technology: "Yeah, we're sometimes providing phones for families if they don't have one. And you know we're really focused on trying to get families with children who are experiencing homelessness into stable situations, whether that's an emergency motel or some other arrangement" (H4, public health director).

Disparities in Insurance Coverage
The increased demand for mental health services and healthcare needs has exacerbated inequities in Whatcom County. One instance described in our interviews was the reality that not all insurance packages are created equal. One respondent explained that Molina, a state insurance carrier that many people of color and lower socioeconomic status carry, is not accepted by all providers:

> If they told me they had Molina at that time, I'd be like, I'm not gonna be able to get you connected to anybody, but if somebody has Primera, I'd be like, I'll probably be able to find your therapist. So, there's some real inequity that plays out. … I would say that's a barrier towards me feeling like I can serve the population in a more equitable manner as a private practitioner.
> -MH10, local therapist

Another respondent reinforced this problem:

> I would say, half my practice is on Medicaid, on Molina... Many counselors don't take Molina, they don't take Medicaid, and so that's really problematic…
> -MH6, perinatal mental health counselor

Health Disparities in Groups Experiencing Marginalization
Interviewees also found that there were more health disparities within groups experiencing marginalization. This came in the form of higher COVID-19 rates for BIPOC communities, as well as a lack of health education and resources. A perinatal mental health counselor acknowledged the damage trauma can have on the body over time, and that perhaps this trauma could be a part of the equation of disproportionate COVID-19 mortalities. They stated, "If we think about the epigenetics of trauma and racism, you know that we have a long tradition of impacts on bodies of color and the impacts on their health… I mean, the data doesn't lie" (MH7, nonprofit public health worker). Over the past two years, different marginalized groups in Whatcom County were impacted in different, inequitable ways, but one of the communities hardest hit by the pandemic was the Latinx population. One respondent described the disproportionate COVID-19 rates as an example of some of these inequities:

Our Latinx population, they're only 10 percent of Whatcom County but were more than 30 percent of our COVID-19 cases. How are we actually reaching those different kinds of cultures and populations with our pro-vaccine messaging and to do things like quarantine?
-CC6, public health foundation director

Referring to the same disproportionate COVID-19 prevalence rates among the Latinx population of Whatcom County, another respondent said: "I mean, that's indicative of a lot of things- it's indicative of work conditions, it's indicative of quality healthcare, it's indicative of the amount of trust in the systems that exist...in order to provide a resource or prevention" (H9, foundation racial equity representative).

Another respondent described the compounded stress and physical health risks posed by students of color from multigenerational families returning to school.

When I think about the educational environment, a lot of our students of color were the last to return to go back to in person face-to-face instruction. I think a lot of that has to do with: number one, fear and trauma; and number two, many of our households are multi-generational, and so to have a child going back into schools meant that you don't know what they're also bringing home with them, even if our children aren't passing to each other high rates of COVID-19.
-MH1, DEI leader in Bellingham

Language Barriers
Respondents also identified language barriers as an issue highlighted by the pandemic which exacerbates inequities for groups already experiencing marginalization. One interviewee reported:

Well, unfortunately at [my work], [we] are like all English speaking right, so there are big swaths of Whatcom county that we can't reach, and I know that they need support...the marginalized populations like Russian population, Spanish speaking population, there's a Punjabi speaking population; they don't have trained perinatal mental health services in Whatcom county so we're working hard.
-MH6, private perinatal mental health counselor

Language barriers can also be a critical issue when it comes to vaccinations. According to respondent CC1, an operations officer in public health, "anyone who doesn't speak English has a super hard time finding testing or vaccinations, (...) really elevating some core principles around language barriers."

Mental Health Toll of the Double Pandemics of COVID-19 and Racism
For many people in this community, there were multiple pandemics in 2020. There was the internationally recognized COVID-19 pandemic happening in conjunction with an ongoing pandemic of racially motivated tragedies. Both COVID-19 and racism harmed BIPOC communities with lasting effects that need to be addressed. Our interviews mentioned trauma to API and Black communities, describing, for example, how BIPOC communities have been afflicted by disproportionate rates of COVID-19, but most notably that they are suffering mentally and physically from racist driven hate crimes against API populations. They discussed how the Atlanta shooting has been on the minds of many API communities, often inciting anxiety and fear. One respondent explained this mental toll saying, "I'm not gonna lie, the shooting in Atlanta …. has been one of the hardest days for me - the sheer volume of assaults against the Asian Community and Asian Women" (H9, foundation racial equity representative). Another respondent described the fear, explaining "some of the things I've heard are actual fear of people leaving their houses and mainly because of the violence against the API community and some of the (...) hate groups that operate in town" (CC6, public health foundation director). Due to the isolation of various communities staying in place, hate groups have been able to mobilize and spread their message with little resistance.

Similar to API communities, participants emphasized that Black communities have struggled with racism as well. Fighting for equity has taken a toll on their mental health, especially after the murder of George Floyd, often in the form of racial battle fatigue.

> I'm speaking as a mom right now who, like, my kids…sometimes it's like…we're going to every protest, we're going to every march, we're writing things, you're reading the horrible books…sometimes it's so much. She's [her daughter] like, "I just want to go and play." And so being able to balance that…doing the hard work, but also being able to release and find some kind of rhythm for the kids.
> -CC8, development and operations director of youth-oriented nonprofit

Another respondent working in housing described how "Yeah, I think, hard days on the job are the death of George Floyd. … And that affected everybody that we work with. And it affected all of our staff" (H1, nonprofit housing program manager).

A noteworthy comment was made by a Bellingham public schools leader, describing how COVID-19 social distancing restrictions gave Black students the space to academically excel without having to deal with the weight of being physically in a White dominated school. The respondent explained that they have heard "from a lot of our students, especially some of our Black students, that they're thriving in this environment. They're doing amazing because they're not having to deal with the microaggressions that tend to happen on a daily basis" (CC7, Bellingham public schools). Although this statement describes a positive impact, the fact that not being face-to-face with your peers is a way to thrive speaks to deep biases and racial harm in our community.

A different respondent described the mental health challenge of having a BIPOC child in a Bellingham public school, both for them and their child.

> I think that what can cause a really tough day is just knowing that the
> people around me don't carry the same values in terms of wanting
> everyone to have the same amount of access to health care and
> education and, to see themselves in the curriculum. Those are really
> tough for me, also with a child in the classroom that is experiencing those
> things. Like, why wouldn't you want my kid to also see themselves in the
> curriculum? It does make for… tougher days than others. But it also gives
> me (...) both rage and energy to keep doing what I'm doing.
> > -MH1, DEI leader in Bellingham

Distrust in Government and Health Institutions among Black Communities
Several interviewees discussed the mistrust the Black community feels towards government institutions resulting from centuries of ongoing discrimination. The same interviewees made a point to say that there is reason for this distrust, as medical discrimination is happening in the current pandemic:

> There's distrust in (...) the African American Community, and they'll say
> things like, well, you know, the history, the distrust that happened (...)
> decades ago is still with them, which is true and valid. But what we're
> trying to also bring forward is the distrust is happening in COVID-19.
> There are stories of people of color not being treated equally in COVID-19
> (...) When they're hospitalized, not being taken seriously enough, having
> some of that treatment bias occur while the pandemic is happening,
> institutional racism, things like that.
> > -CC1, nonprofit community health advocate

Lack of Services and Representation in Tribes
Respondents described a lack of services and representation for local Indigenous Tribes. From the experience of two Lummi Nation interviewees, they witnessed not being included in important conversations and not receiving adequate support. Other respondents not from Lummi also recognized this as a problem. This was especially seen during the past year with the pandemic. A Lummi Nation respondent detailed how there is data collected on health disparities, but that the health department funding does not include local indigenous tribal lands and peoples. Another Lummi Nation respondent who works in public health described the effect of how missing even the simplest of resources can be troublesome, saying "one thing that affects the Lummi Nation a lot is there's no trash collection. So that's something that we've been talking [about] a lot and really highlighting when doing a COVID-19 response…the lack of trash collection, the lack of running water in a lot of people's homes" (OP1, Lummi Nation public health worker).

COVID-19 Strengthening Resiliency
Although most of the interviewees tended to focus on the problems arising from COVID-19 and the events of the past year, many also agreed that there were some aspects that strengthened our resiliency. This was seen in how the community adapted and in how people's values changed.

Online Tools
By having to adapt in different ways to the pandemic, participants found they gained new skills and tools, most of which will be useful into the future. They found that people realized we could do more than expected and have greater outreach. This discussion primarily focused on telehealth as an important strategy to maintain. Zoom and telehealth were critical expansions of agencies' operations. While they recognized pitfalls of doing their work online, such as people not having adequate technology or inequitable distribution of internet access, they found that in many cases their services were more accessible with a virtual component and that attendance at meetings went up for those who had reliable internet connection. They generally were optimistic about maintaining telehealth in the future, as long as funding for it remained.

> I think telehealth is here to stay, I think a lot of clients really prefer it, or it does offer a unique opportunity to see them in their environment and see the whole family system and… where they live. And for some clients, that's helpful to get a better picture of them or them kind of showing you that part of their life.
> -MH9, child and family therapist

Others also discussed hybrid solutions with telehealth, like implementing it into schools and creating more options for those they serve, if it were to be continued into the future.

Creativity
Interviewees reported increased creativity and innovation that accompanied finding solutions to work around the many obstacles presented by the pandemic:

> I do feel like COVID-19 has given us a different sense of what we can accomplish. So, our ability to be creative and to embrace creativity as a form of success has been really beautiful…I've heard of schools that have been actually visiting students and bringing them pizza coupons. So, the creativity of teachers and staff right now, to get their students engaged to really reach out and let them know that we're here for you has been a huge undertaking, and one that I think also brings educators the greatest joy.
> -MH1, DEI leader in Bellingham

Collaboration

Nearly half of our interview respondents described building more horizontal collaboration between agencies. They found collaboration critical to adapt to the increased demand that agencies complement each other's operations. One respondent stated, "I think the strategy piece comes with partnerships, making sure you have the right partnerships aligned with your mission and vision" (H3, leader of youth-based nonprofit). Agencies expanded their operation through collaboration and offering services that they did not traditionally offer. Food delivery was a prime example of this:

> …they have connections with the more rural areas and do some mobile food distribution through partners, and the [local nonprofit] is a great example. When there was a decreased demand for things like, you know, access to their … facilities and running kid's camps, they actually switched to food delivery.
> 	-CC3, community health director

To further illustrate this, there was an integration of food services into organizations that traditionally did not provide that service. One respondent said: "I think food security is not typically an area that we had been participating in, but we kind of fell upon supporting. We provide food, emergency food boxes and care kits for people in quarantine and isolation" (CC1, nonprofit community health advocate). Interviewees described how collaboration fostered a sense of community and togetherness, despite the isolation felt with online work and social distancing.

Another example of working together was filling in the gaps in services that organizations provide:

> One of my biggest focuses is probably bringing behavioral health services and medical services; you know, those aren't things that [our agency] provides. So, we collaborate with [agency], and with [another agency], you know, a variety of providers. And so I really try to work to cement those relationships and make them be very useful for both sides and smooth out any errors.
> 	-H1, nonprofit manager

Reprioritizing

About one-third of interviewees described how COVID-19 provided people and organizations an opportunity to reflect and reprioritize what was important. For example, a local therapist expressed this, saying:

> ...[COVID-19] created a great pause in the kind of status quo in some ways, or least our habitual ways of being... … it's given us a way to look at environmental issues, issues of race and poverty, and… gender… to name some of the areas where it feels like we've been examining ourselves as a

nation...I don't think that we would have had the depth of the Black Lives
Matter movement, without people having time to do it.
-MH10

On a broader scale, they found organizations saw problems in a new light and through adapting they were able to focus services where the need was. 2020 allowed agencies to pause and re-evaluate what was important to them. What would their operations look like to best support the people around them? This was a question that 30 percent of respondents reflected upon. Some agencies turned inward. They set up emergency funds for their employees and gave them more time off. As they turned outwards, they re-evaluated some of their approaches. They found that they received more community support as people started to reprioritize:

People just finally began taking action that has been needed for a long
time...I mean we need to kind of have destruction before rebuilding in a
creative way...we are moving towards caring for people in a more
equitable way, both on the federal level and the state level.
-H5, local housing manager

Over half of the interviewees discussed the increased understanding of the vital role of public health. They described a growing awareness of how an individual's environment contributes to overall public health. They discussed examples of how we have learned that creating a healthy environment creates healthy people, that we need to pay attention to the social determinates of health, and that by having services such as routine trash pickup and clean water we can take preventive measures to help prevent the spread of a virus.

I think that moving forward, we foresee us growing into environmental
health to really expand the role of public health in the community...There
has been a lot of interest from the federal government to improve a lot
of that chronic under-funding for their health services. I think that they
were very good actually to give funds for Native communities during the
pandemic. We had great access to vaccines early on compared to a lot of
other groups.
-OP1, Lummi Nation public health worker

Social Support and Community Connections
In this reevaluation phase, many adopted a message of community. Twenty-two percent of respondents spoke of how their organizations adopted a strategy to increase belonging, making sure to include a diverse set of experiences in their operations, so that all can benefit from new perspectives.

Increased Awareness
George Floyd's murder and the additional injustices of racialized murder and mistreatment in 2020 amplified many people's awareness of racism in America and helped mobilize the nation. Four respondents talked directly about this and one, in particular, described this awareness as:

> …definitely people's eyes have been opened about what happens to
> African American men when they're walking down the street and they
> get shot in the back of the head, because they pull their phone out, and
> that would never happen to me… Those kinds of things are systemic;
> that's not an easy thing …
> > -MH5, nonprofit mental health worker

The increased awareness surrounding racial issues translated into more agencies including specific anti-racism training to educate their employees and foster belonging. The director of one of our major health institutions talked about such a training, explaining "...we just recently actually hosted our first annual regional race and health equity conference" (CC3, nonprofit community health director).

Mental health awareness also increased, with many respondents noting that people were more open to talking about mental health and working to overcome the stigma surrounding it. A child and family therapist described how "there's been a huge rise in awareness and mental health from COVID-19" later continuing with, "it was already on its way to becoming less stigmatized, but I think that's also helping too" (MH9).

Respondents' Strategies for Moving Forward
When asked about strategies and ideas for addressing the ongoing problems from COVID-19 as well as equity concerns, participants' answers varied. The strategies ranged from taking multiple approaches and working directly with impacted communities to larger policy and organizational change that involved restructuring funding and increasing a sense of belonging.

Take Multiple Approaches to Solutions
A few mentioned that we need to embrace multiple, and sometimes conflicting, approaches to target problems in an effective manner. In their interviews, they described how strategies need to come from different people, how we need to encourage creativity, and how there is more than one way to solve issues. One interviewee summarized this well:

> And I think that the strategy is to understand that all approaches are
> needed, right? So you have the folks that are ready to burn it all down
> and you get the folks that are over here like 'um, there's a different way
> to do that.' But we all need to come together and accept each other in
> those approaches.
> > -OP1, Lummi Nation public health worker

Work Directly with Impacted Communities

Many of the interviewees proposed strategies to provide direct help to those who are being affected by the observed issues arising from, as well as being highlighted by, the dual pandemics of COVID-19 and racism. These solutions were aimed at supporting individuals' imminent needs and supporting communities to have power over their own solutions. Within this work, respondents proposed solutions that involved housing, food, internet, public transportation, and strategies aimed at low-income renters and homeowners. When referring to rent caps as a direct housing solution, one interviewee explained:

> I would love to see some reform around landlord tenant laws so that …
> there's some stipulations around ..how landlords raise their rent …and
> how that impacts those communities. I would love to see rent
> forgiveness…I would love to see more workforce housing, low-income
> housing, and a rent cap. I would love to see... equity and … better access
> to broadband and digital equity.
> -H9, foundation racial equity representative

Align Funding and Policies towards Equity and Social Determinants

In general, respondents stressed the need for more funding. Specifically, 12 of the 25 interviewees mentioned funding and policies that align with the social determinants of health and equity. As reported by our interviewees, the federal funding that organizations receive, while crucial, does not always allow organizations to freely fund their projects as they choose, and they often still must have significant outreach to the public to have their financial needs met. Some respondents emphasized the need to fund nonprofit organizations in particular. The director of a local nonprofit discusses how vital funding has been:

> We have so much momentum now because we're getting the money to
> do some of the stuff that we need to do…because money drives
> everything, right? So when that money does …stop …that momentum
> that we've had becomes obsolete, or we have to halt everything, and I
> can see that being really big issue in the future.
> -H3, leader of a youth-based nonprofit

Respondents emphasized the need for flexible funding, allowing for resources to go to the areas of need without having a "one size fits all solution for folks in need" (H5, local housing manager).

Increase Belonging and Elevate Voices

Many respondents suggested strategies to combat issues around people's lack of sense of belonging in Whatcom County, particularly among those experiencing marginalization. Several suggested hearing from those who are experiencing the issues themselves. One participant suggested that we need to:

... inspire empathy by creating access to other stories. It creates spaces of
belonging which in communities where you know we have such a huge
homogenous majority population, those spaces for all of us who are from
marginalized communities, to have our voices amplified matters so much
in terms of our mental health and well-being.
                -H9, foundation racial equity representative

Additional suggestions were to work towards becoming anti-racist organizations, promoting
more people from marginalized groups into leadership positions and implementing trauma and
conflict informed training at their work. A Lummi Nation respondent identified the need for
representation in local government:

There needs to be a tribal seat in [county council]. So that's just an
example. … We may be separate and independent governments from
how funds come down, whether it's state or local and regional counties.
You know, when we think about how the health department gets funding
through its different mechanism and the tribes are not included in that,
which is why I think that a tribal elected official at the county level would
be helpful in connecting those.
                -MH4, Lummi Nation health advocate

One BIPOC leader of color stressed that we should adopt an anti-racist stance, actively standing
against historical and modern racism that leads to racial inequities.

Just having me up on a higher seat within the agency is not enough. We
need to ensure that we're always approaching it through that Anti-racist
lens. Because within all of this, within poverty itself, disproportionately it
is Black and Brown people who experience it the most.
                -H3, leader of youth-based nonprofit

Some proposed becoming anti-racist through training and recognition. While some of this
training is already taking place, many felt that more was needed.

Taking these suggestions from our interviewees and combining them with the documents
referenced in the literature review, we can inform solutions that we believe will help to address
both the issues we have seen arise over the last year as well as the underlying structural
problems that have contributed to these issues all along.

DISCUSSION

COVID-19 Negative Impacts
As indicated above, our data suggested multiple categories of negative impacts resulting from COVID-19, including closures of businesses and services, a lack of service providers and available resources, and extreme stress, fatigue, and social isolation. One such closure was child-care services, due to the stay-at-home social distancing orders. Childcare will always be a vital necessity, and without solutions for how to provide affordable and accessible childcare, including during times of (health) crises such as within a pandemic, children and communities will endure long-term negative repercussions.

This issue is directly interconnected with the negative impacts for moving most communication onto a virtual format. The interviews illuminated that the shift to virtual communication exacerbated inequities due to uneven access to technology and decreased mental health and wellness due to social isolation. Additionally, caretakers who had to work from home and simultaneously help their children in online-school experienced challenges performing their work duties while concurrently assisting with their children's studies. Worsened academic outcomes for children and youth can be anticipated, particularly for those who were not able to receive an adequate education during this time. Similarly, it can be anticipated that the increased stress and the risk of economic insecurity for adults that may have been unable to dedicate adequate time to their work, may lead to poor health outcomes.

Lastly, different individuals, families, organizations, and groups within the community had to endure various types of problems during the pandemic, and not everyone experienced similar hardships. Without communication between groups, many people's needs will go unmet. The data expressed how language barriers limited specifically Spanish speaking communities in Whatcom from accessing the healthcare they deserved in combating COVID-19.

Exacerbated Disparities Due to COVID-19
Analysis from the interviews revealed multitude ways in which COVID-19 exacerbated disparities for groups historically and currently experiencing marginalization. For example, access to different elements of healthcare such as insurance continue to be inadequate, as providing health insurance to communities experiencing marginalization is not productive if the insurance may not be accepted by health-care providers.

Exacerbated disparities in racial equity can be seen for individuals in multi-generational homes, as COVID-19 safety precautions were designed with typical White, single family homes in mind. Similarly, microaggressions experienced by Black and Brown communities in the education and healthcare system worsened throughout COVID-19, amplifying the lack of belonging for BIPOC individuals in Whatcom County. Furthermore, representatives of local Indigenous Tribes described experiences with restrictive grants and funding that infringe on their autonomy. Leaders within the community will always know best how and where to distribute resources.

On the one hand, these results demonstrate with gravity that COVID-19 both highlighted and increased existing inequities. On the other hand, the bedrock of Whatcom county's Community Health Improvement Plan is racial equity, and thus all steps forward should be rooted in anti-racist practices.

COVID-19 Positive Outcomes

The interviews also revealed that, despite the dual public health crises of COVID-19 and racism, our community demonstrated resiliency and creative approaches that can be fostered and maintained as we emerge from the crises. The events of the last 18 months have necessitated skill development and collaboration. Addressing food insecurity emerged served as a powerful example of the efficacy of horizontal collaboration. Respondents also suggested solutions to focus on in the coming months as funding and goals are prioritized. These positives point to exciting possibilities to build upon the progress that has been made. Although our research highlighted some positives of COVID-19, it is relevant to point out that some of them also contributed to widening disparities. This is particularly relevant for the use of online tools and technology, the benefits of which can only be enjoyed by individuals and communities with time, physical space, and funds to access such resources. In the case of telehealth, it will be vital to assure accessibility for all clients.

RECOMMENDATIONS: THE THREE EQUITY PILLARS

Our in-depth review of policy documents and the results of the interviews led us to develop three "Equity Pillars" as the basis for informing community health improvement in Whatcom County: 1. Build civic muscle and belonging, 2. Support Indigenous sovereignty through measurable and directed actions, and 3. Engage in rigorous anti-racism work. After describing these pillars, we recommend ways that they can be used to inform policy strategies for each of the CHIP priority areas.

Pillar 1: Build Civic Muscle and Belonging

Based on what we learned in our literature review, and particularly referencing the *Thriving Together* document, creating community belonging and increasing the public's civic capacity are the two most important considerations for improving what the authors refer to as "civic muscle." Reshaping neighborhoods, organizations, and public spaces so they are free from segregation, violence, and neglect can not only encourage civic engagement but will allow space for individuals to heal and transform their sense of belonging. These spaces must be trauma-informed and uphold legal safeguards against all discrimination. Such spaces will also help shift power and voice to local communities, which will improve civic capacity so stakeholders can incorporate multiple perspectives to support community-driven change (TT:72-76).

To monitor changes, Healthy Whatcom can assess civic interventions and their ability to catalyze local conversations that promote respect for differing ideas, especially those coming from our underserved communities. One approach described in *Thriving Together* is the use of

a **civic capacity index**--a diagnostic tool to inform and evaluate the efficacy of interventions designed to build civic capacity, respond to challenges, and develop equitable and sustainable policy (TT:252). As described in *Thriving Together,* improving belonging and civic capacity can only be achieved through formalizing structures of collaboration among all community actors and making government decisions accessible, transparent, and accountable to the community (TT:38).

Pillar 2: Support Indigenous Sovereignty Through Measurable and Directed Actions
Acknowledging our county's Indigenous communities and lands is not enough to create radical change to support genuine Indigenous sovereignty. Moving forward, it is important to deeply value Indigenous communities as collaborative designers for change and equity work. One way to do this is by prioritizing Indigenous wealth building strategies. Another is to study how to decolonize government systems, being mindful of how each Indigenous Tribe interprets the process. This necessitates listening to their voices to inform and direct reparation policies. It also involves understanding the roots of inequities; for example, analyzing specific instances in Whatcom County's racist policy history can be a strategy to identify how past events influence present inequities for our local Indigenous communities. Our interviewees discussed the need for basic social determinants of health such as transportation, education, garbage collection and housing infrastructure. Generous funding of Indigenous, community-led initiatives can increase their power and fulfill health equity goals. It is part of the process of including all community actors in shaping civic muscle and belonging.

Pillar 3: Engage in Rigorous Anti-Racism Work
Whatcom County is committed to combating systemic racism. The Whatcom County Health Board Resolution on Racism pledges to evaluate and support policies "that are consistent with the principles of equity of access, services, and treatment of all people regardless of race, color, or ethnicity and [ensuring] that such policies do not perpetuate or exacerbate racial disparities within the county" (Holmes & Morin:2). Similar to supporting Indigenous sovereignty, formalizing anti-racist processes cannot occur without an equitable redistribution of wealth and power to Black, Indigenous, and other Communities of Color (Blueprint for Changemakers:13, 26, 32). Building trust and prioritizing the belonging of racial minorities is key to adopting a Health in All Policies approach (Changemakers:18). Currently, financing resides in government institutions and community foundations. Addressing power imbalances and increasing BIPOC leadership in decision-making structures could instigate solutions led by and accountable to every community. Conducting research that allows for disaggregated data across racial minorities is also vital, being sure to include space for intersectionality, including but not limited to income, gender minorities (including transgender, non-binary, and gender nonconforming communities), sexual minorities and abilities.

Incorporating the Equity Pillars into Policy-Making

Improving civic muscle and belonging, supporting Indigenous sovereignty, and conducting systematic anti-racism work cannot be achieved overnight. This is clear from observing the work the county has been engaged in for over a decade to move health equity to the forefront and focus on racial equity. *We believe considering these pillars of equity in policy-making processes will help the county ensure that policies are grounded in equity and anti-racism.* We hope that these equity pillars can inform and influence the various targeted strategies that come about in the RBA workshops. An outline of our suggested solutions is displayed in Figure 2, categorized as upstream, midstream and downstream interventions.

	Anti-Racism	**Indigenous Sovereignty**	**Civic Capacity and Belonging**	**All 3 Equity Pillars**
Upstream	Community wealth building strategies	Create a seat for an elected Indigenous Tribal official in the county council	Create spaces to elevate and prioritize marginalized voices	Increase funding flexibility and prioritize Targeted Universalism & anti-racist efforts
Midstream	Recruitment and retention of BIPOC leadership in our institutions	Collaboration to promote food sovereignty	Children's Cabinet	Integrate mental health into primary health care
Downstream	Anti-racism training, including history, for teachers and policy makers	Honor existing treaties and minimize funding restrictions	Use of the civic capacity index	Emergency funds for stabilizing houseless individuals

Figure 2. Solutions by stream and equity pillar

Definitions:

Upstream = Overarching goals that require structural change to address root causes (the groundwater). Upstream changes impact downstream outcomes. They are the most effective at producing equity, although they require action at the national, state, community and/or policy levels.

Mid-stream = Systematic changes that involve organizational and community action through processes such as voting, policy making, and organizational restructuring.

Down-stream = Solutions that can be individually enacted and require less organized effort. While important, these are often "band-aid" solutions that do not get at the root causes or groundwater.

Upstream Recommendations
To further conceptualize the overarching goals of the three equity pillars we offer upstream recommendations pertaining to each priority area. As described above, Whatcom County can continue their efforts towards *developing anti-racist communities and organizations* by investing in community wealth building strategies. These strategies aim to ensure that communities have the social, cultural, and physical wealth to live happy and healthy lives. This idea also ties back to building civic muscle. Promoting individuals' wealth leads to increased belonging, involvement, and empowerment. To *promote Indigenous sovereignty* at the upstream level, we support the proposal from our interviews to create a seat for an elected Indigenous Tribal official in the county council. This will increase collaboration among county and Indigenous leaders, aiding Indigenous community leaders in identifying solutions that will best suit their communities' needs and priorities. The CHIP can contribute to *building civic muscle and belonging* by creating spaces that elevate and prioritize marginalized voices. This can be achieved by closely collaborating with county and city governments to ensure that spaces - whether they be groups, organizations, or meeting venues - have the support that they need to thrive. Furthermore, by consistently elevating the opinions and needs of groups experiencing marginalization, the health department and local government can ensure they are included in solutions further downstream.

Lastly, to optimize success within all three equity pillars we recommend reallocating funds within organizations to efforts, new or existing, that focus on the advancement of anti-racist work and the steps identified in Targeted Universalism. This includes funding flexibility within organizations. By identifying areas or programs that are failing to achieve the goals of Targeted Universalism and anti-racism, the time and money can be moved towards potentially more effective strategies.

Midstream Recommendations
Starting with the *pillar of anti-racism*, our interviewees stressed the importance recruiting and retaining BIPOC leadership across organizations. This is an important step in the process of becoming anti-racist agencies, as well as creating an equitable distribution of power. For promoting *Indigenous sovereignty,* creating a seat for an elected Indigenous Tribal representative in the county council would aid in the midstream recommendation of promoting food sovereignty. Affordable and accessible food is a basic human need; therefore, ensuring the collaboration between Tribal leaders and the WCHD could promote the fulfillment of those goals. This collaboration could also potentially build trust with organizations that have previously failed BIPOC communities. Initiating a children's cabinet is an example of how we can incorporate the *pillar of civic muscle and belonging* at the midstream level. As defined in *Thriving Together*, a children's cabinet is "an action-focused, executive-level collaborative body that brings together agencies and organizations to create a coordinated agenda for children" (TT:207). A children's cabinet would place the responsibility to serve children on the community, as opposed to primarily placing it on schools. The discussions that arise out of this cabinet would also be holistic, given that the agencies involved will not be concentrated in one area.

Lastly, incorporating mental health into primary care is a midstream recommendation that applies to all three equity pillars, for example by providing mental health screenings during routine wellness checks. The BIPOC community in particular has suffered great historical trauma that we know has been exacerbated during the events of 2020. Incorporating mental health screenings would be a valuable step in addressing this trauma on a systematic level, while simultaneously addressing physical health disparities.

Downstream Recommendations

While downstream recommendations are not intended to be the only solutions, they do begin to address equity concerns and represent an important stepping-stone to reaching upstream goals. An example of a downstream solution in the *anti-racism pillar* is implementing anti-racism training for teachers and policy makers. Such trainings should use the Bellingham Racial Timeline to inform community members of our racist history and recognize the importance of addressing historical trauma as we move forward. Using the **civic capacity index,** described above and in the *Thriving Together* document, represents a downstream approach to *building civic muscle and belonging*. A solution to work towards *Indigenous sovereignty* would involve honoring existing treaties and minimize restrictions in funding for Indigenous communities, including setting up emergency funds for stabilizing houseless individuals.

CONCLUSION

Our community has the will, the educational resources (in the form of excellent policy documents, the RBA process, and the ever-evolving racial history timeline) and the knowledge, rooted in the lived experiences of individuals and communities who experience disparate opportunities and barriers to health and well-being, to achieve our goals. Moving forward, our next is to develop universal goals and targeted strategies to produce health for all of Whatcom County. We believe this can be achieved by promoting and funding racial equity building through the equity pillars presented here. The key is to increase our community's belonging and civic muscle so that our goals truly represent everyone and are not designed *by* one group *for* another. Whatcom County is well poised to move in this direction. We hope that the results of our interview research and policy recommendations are useful to Healthy Whatcom as they develop the 2021 Community Health Improvement Plan.

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