

COVID-19 PANDEMIC AAR TASKFORCE MEETING 3/24/2022



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Land Acknowledgement



Source: Spokane Tribe of Indians

[Native-Land.ca](https://www.native-land.ca) | [Our home on native land \(native-land.ca\)](https://www.native-land.ca)

Equity Discussion Norms

- Cultivate a brave space
- Speak your truth
- Move up, move back
- Be accountable for your impact
- Be open and curious
- Notice your own defensive reactions
- Recognize your social positionality
- Differentiate between safety & comfort
- Identify where your learning edge is & push it
- What's learn here leaves here; what's said here stays here
- Accept & expect non-closure
- Be mindful that one person's viewpoint doesn't represent others in your sector/industry/community

Objectives

- Increase your awareness of what creates health
- Increase your awareness of health equity and the social determinants of health
- Increased understanding of COVID-19 disparities in WA
- Increased understanding of integrating equity approaches during COVID-19 response

Definitions



Equality vs. Equity

Equality



Equity



Equality is providing the same level of support and assistance to all segments of society.

Equity is providing various levels of support and assistance, depending on the specific needs and abilities.

Image: RWJF





Definitions

Health equity exists when all people can attain their full health potential and no one is disadvantaged from achieving this potential because of the color of their skin, country of origin, level of education, gender identity, sexual orientation, age, religious or spiritual beliefs, the job they have, the neighborhood in which they live, socioeconomic status and whether they have a disability.

Health Disparities: Health outcomes seen to a greater or lesser extent between populations. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations

Definitions

Racism is a system of oppression based on the socially constructed concept of race exercised by the dominant racial group over non-dominant racial groups. Racism is a system of oppression created to justify social, political, and economic hierarchy

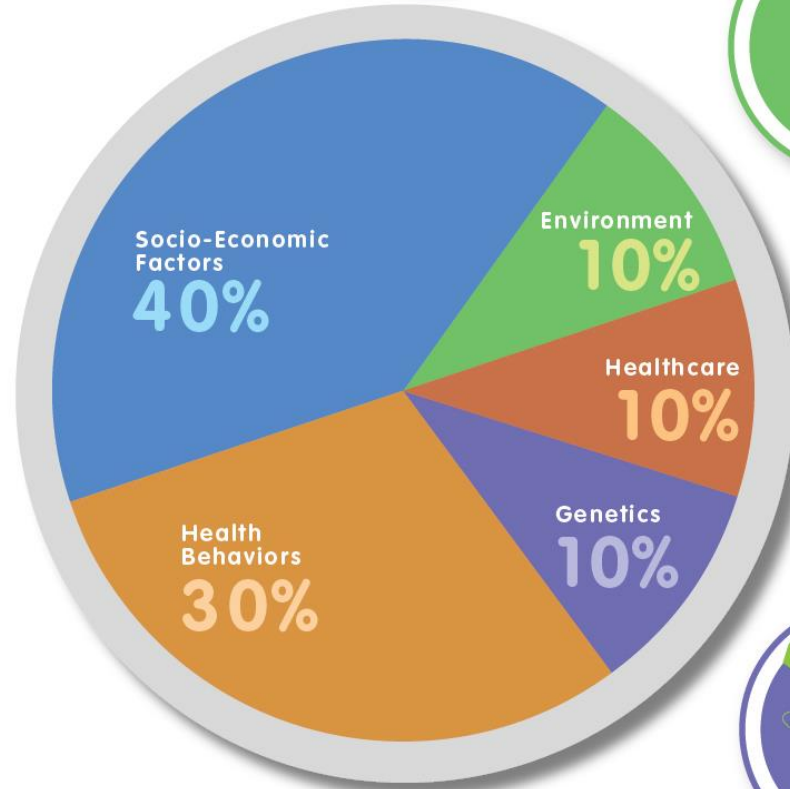
 <p>Internalized</p> <p>Beliefs within individuals Stereotype threat</p>	 <p>Interpersonal</p> <p>Bigotry between individuals, Racial anxiety</p>
 <p>Institutional</p> <p>Bias within an agency, school, etc.</p>	 <p>Structural</p> <p>Cumulative among institutions, durable, Multigenerational</p>



WHAT CREATES HEALTH?

Determinants of Health

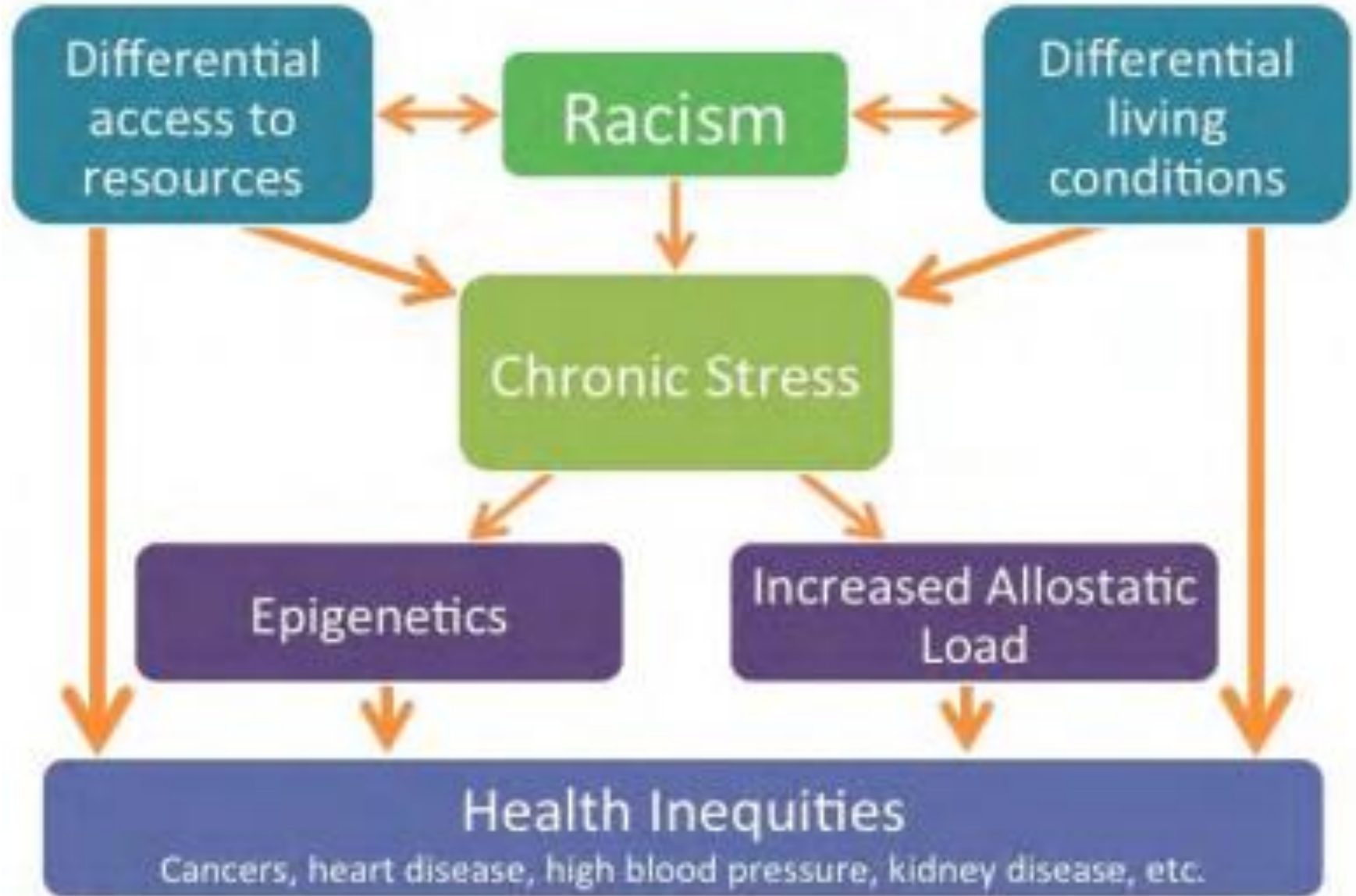
Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes.





WHAT CREATES HEALTH INEQUITIES?

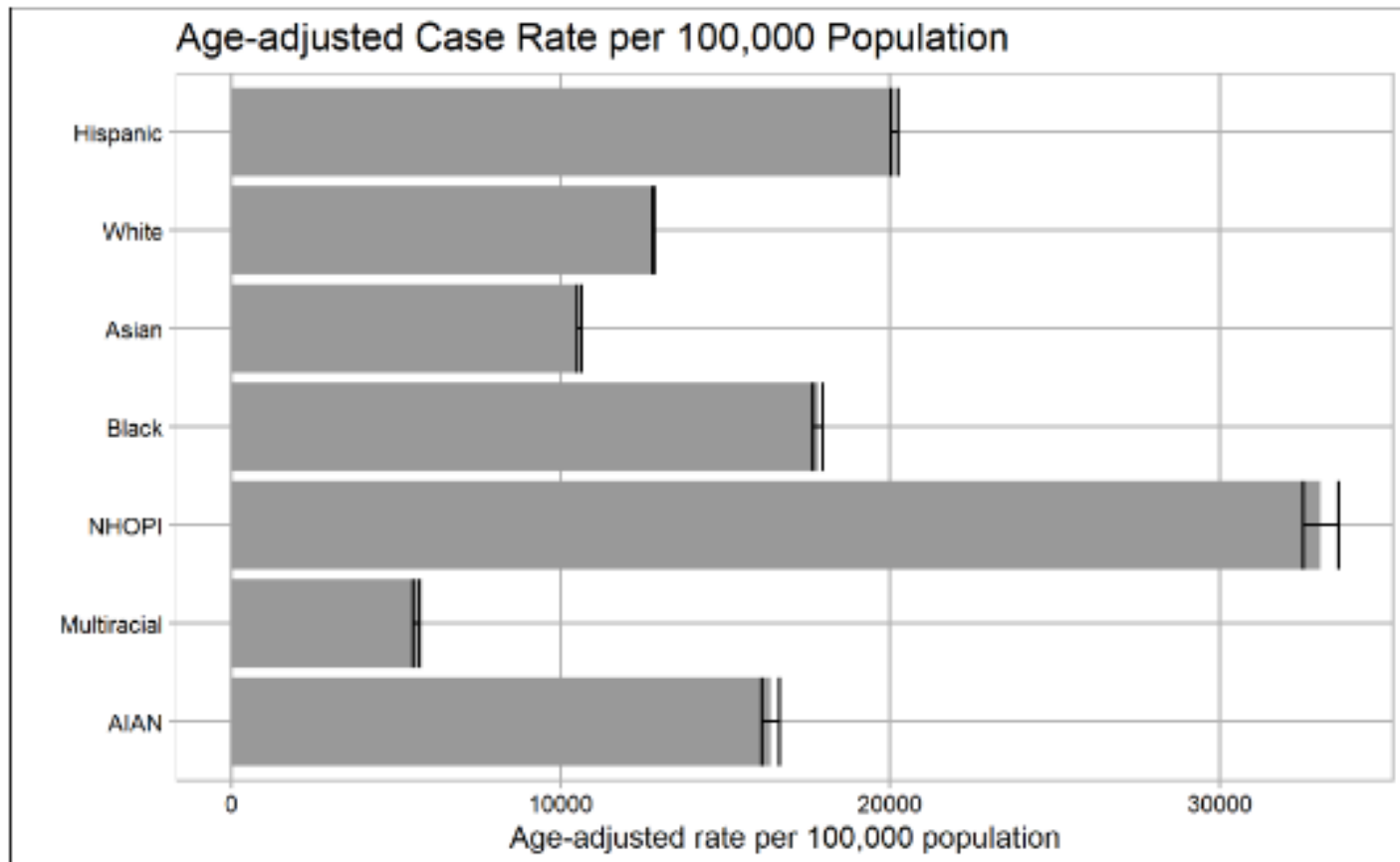
Chronic Stress and Racism: Impacts on Health



Source: California Department of Public Health

COVID-19 Cases by Race in WA

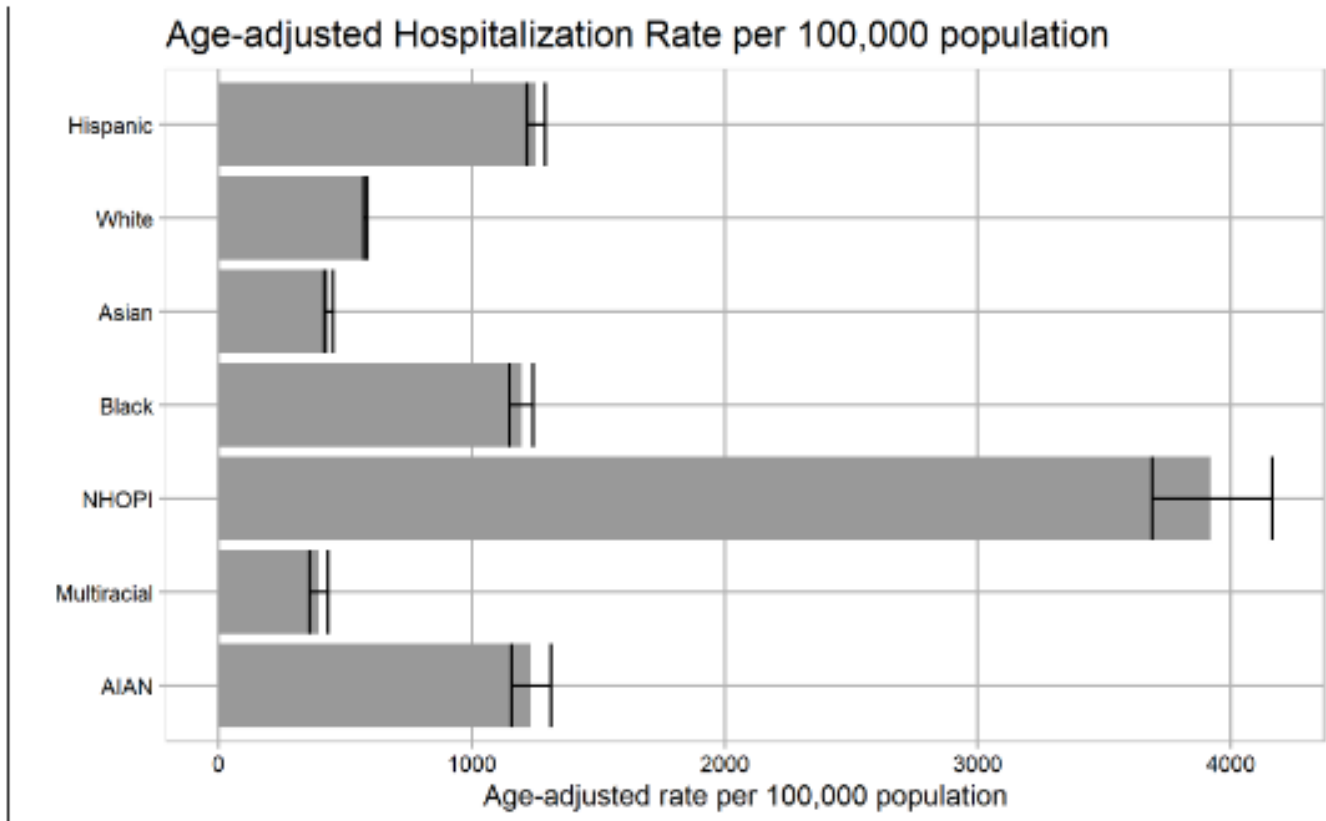
The following graph indicates the age-adjusted confirmed or probable COVID-19 case rate per 100,000 population by race/ethnicity during the time period 2020-01-17 to 2022-03-21



Source: Washington Disease Reporting System (WDRS)

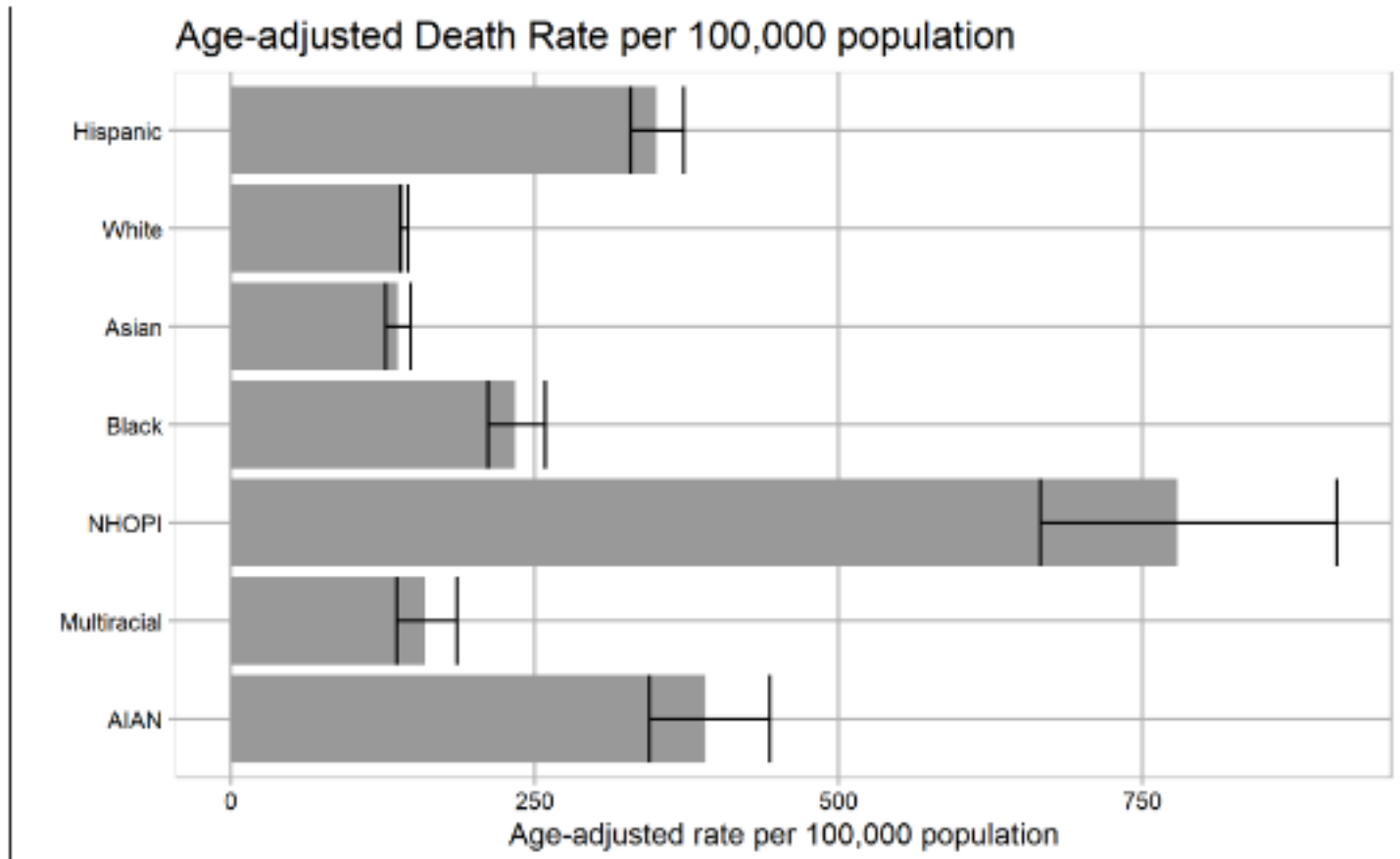
COVID-19 Hospitalizations by Race in WA

The following graph indicates the age-adjusted hospitalization rate among confirmed or probable COVID-19 cases per 100,000 population by race/ethnicity during the time period 2020-01-17 to 2022-03-21



Source: Washington Disease Reporting System (WDRS)

COVID-19 Deaths by Race in WA



Source: Electronic Death Registration System (EDRS) and Washington Health and Life Events System (WHALES)

Racial disparities persist in every system, without exception



System	Term	Definition
Child Welfare	Disproportionality	Refers to the proportion of ethnic or racial groups of children in child welfare compared to those groups in the general population.
Health	Health Disparity	Healthcare disparities refer to differences in access to or availability of facilities and services. Health status disparities refer to the variation in rates of disease occurrence and disabilities between socioeconomic and/or geographically defined population groups.
Juvenile Justice	Disproportionate Minority Contact (DMC)	Refers to the disproportionate number of minority youth who come into contact with the juvenile system.
Education (Achievement)	Achievement Gap	When one group of students (such as, students grouped by race/ethnicity, gender) outperforms another group and the difference in average scores for the two groups is statistically significant.
Education (Special Ed.)	Disproportionate Representation	Refers to the “overrepresentation” and “underrepresentation” of a particular demographic group in special education programs relative to the presence of this group in the overall student population.
Economic Development	Historically Underutilized Businesses	Businesses that are disadvantaged and are deemed in a need of assistance to compete successfully in the marketplace.

A Framework for Health Equity

Socio-Ecological

Medical Model

Discriminatory Beliefs (isms)

- Race
- Class
- Gender
- Immigration Status
- National Origin
- Sexual Orientation
- Disability



Institutional Power

- Corps & other businesses
- Gov't Agencies
- Schools



Social Inequities

- Environment
 - Social
 - Physical
- Residential Segregation
- Workplace Conditions



Risk Factors & Behaviors

- Smoking
- Nutrition
- Physical Activity
- Violence
- Chronic Stress



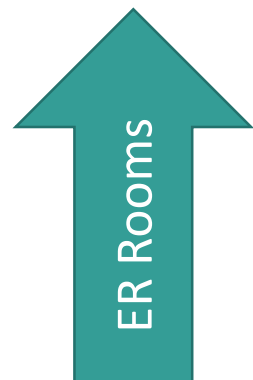
Disease & Injury

- Infectious Disease
- Chronic Disease
- Intentional & Unintentional Injury



Mortality

- Infant Mortality
- Life Expectancy



A Framework for Health Equity

Socio-Ecological

Medical Model

Biased Beliefs (isms)

Policies & Practices

Impacted Community

Behavior

Disease

Death

Change the Narrative

Policy & Partnerships

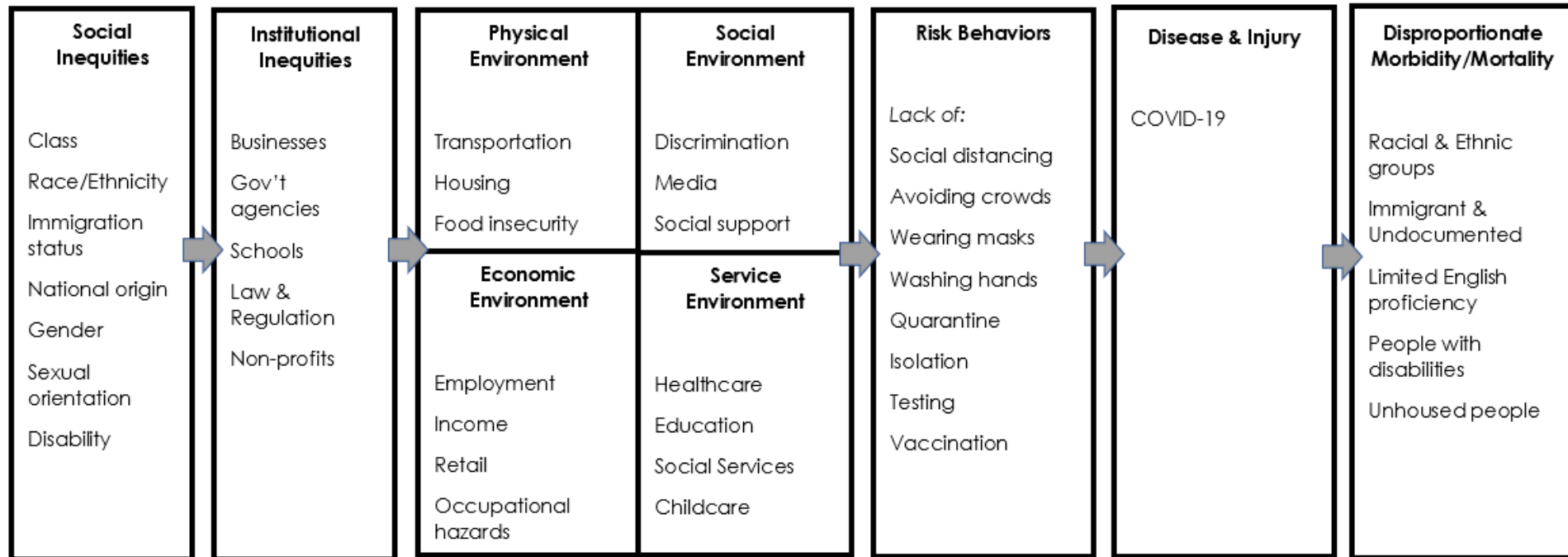
Power & Leadership

Health Educ.

Clinics

ER Rooms

Inequities During the COVID-19 Pandemic



← **Policy** →

↑
Change the conversation

↑
Strategic partnerships & advocacy

↑
Community engagement & organizing

↑
Health Education

↑
Health Care Care coordination



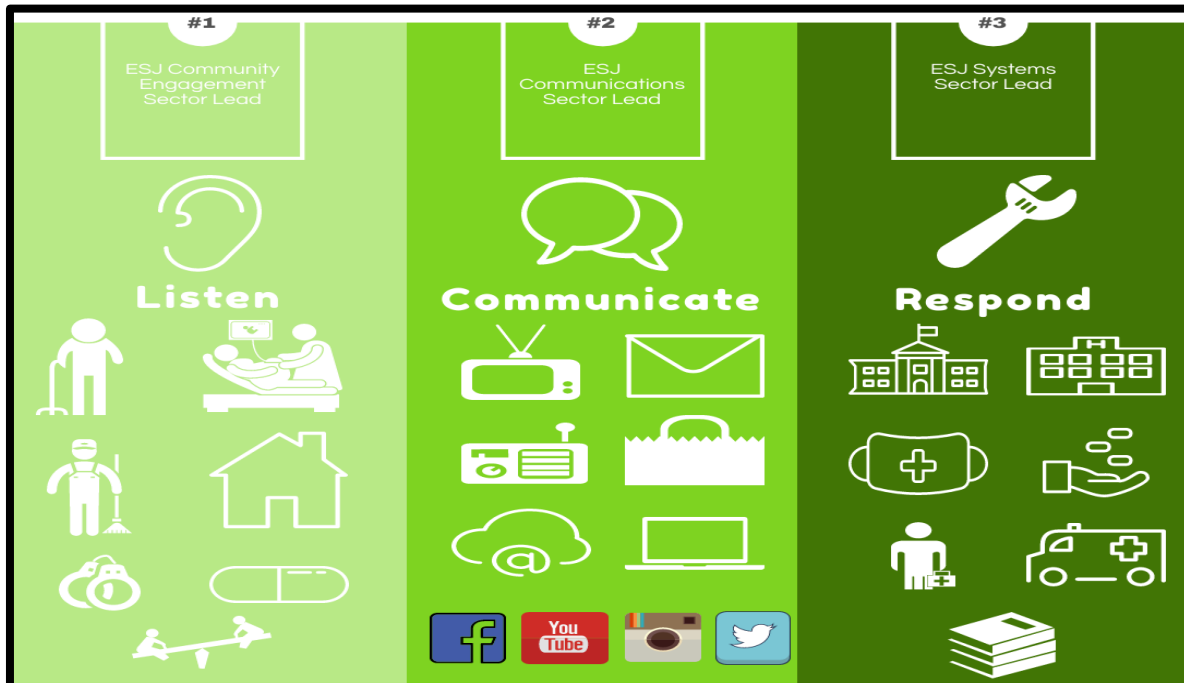
COVID-19

COMMUNITY ENGAGEMENT TASK FORCE

Community Engagement Task Force

Mission Statement: The Community Engagement Task Force exists to provide **timely, accurate, culturally and linguistically appropriate, and community-centric** information and resources to vulnerable, marginalized, and most impacted communities statewide.

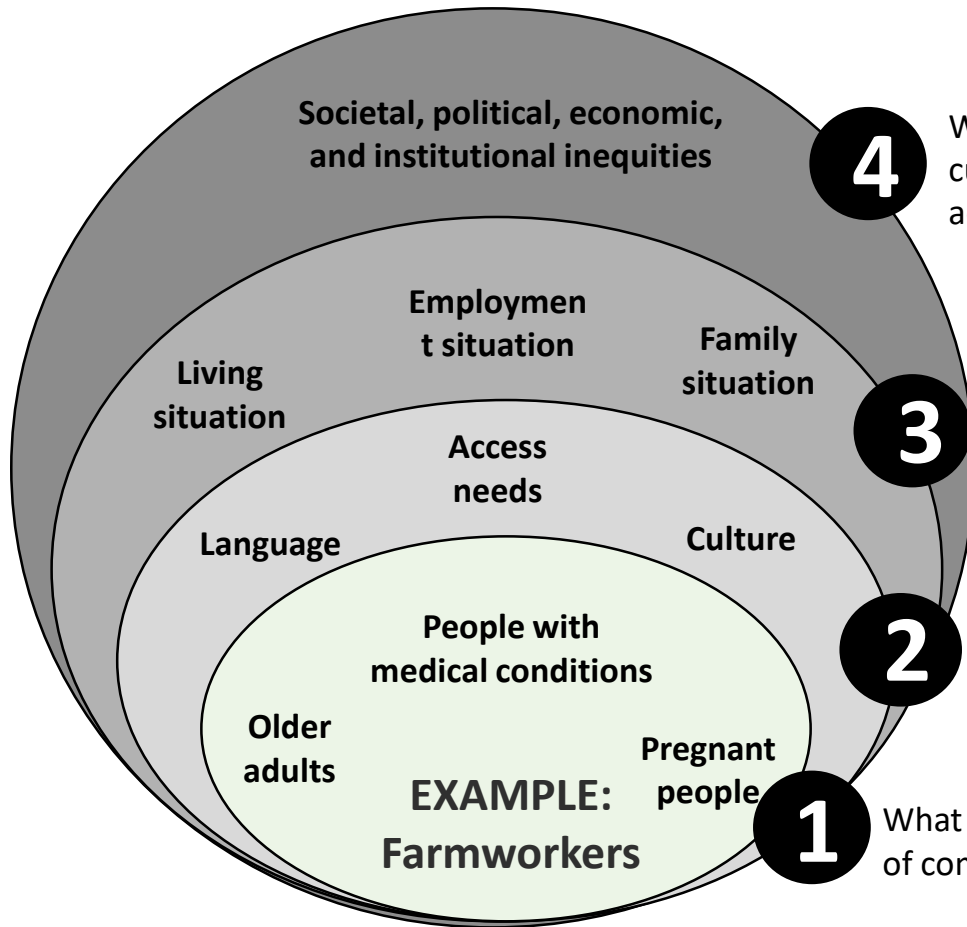
How: By using a racial equity and social justice lens, we collaborate with state and local communities, organizations, and partners to **listen, engage, and respond** to immediate and longer term needs of the communities we serve.



Commitment to Equity

We lead our work with an equity and racial justice lens and focus on communities that are disproportionately impacted by:

- COVID-19's **health impact**.
- **Historic and current systemic inequities**.
- Increased **risk of exposure, economic impact**, or other unintended consequences of the response due to one's **employment situation**.
- Increased risk of exposure or unintended consequences of the response due to one's **living and family** situation.
- Increased risk of **unintended health consequences** from the response's efforts.



Societal, political, economic, and institutional inequities

4

What systemic inequities, historical injustices, or current realities influence this community's access, level of risk, and outcomes?

Living situation

Employment situation

Family situation

3

How does an individual's employment, living, and family situation impact their risk of exposure or risk of unintended consequences?

Access needs

Language

Culture

2

What language, culture, and access needs do we need to plan for and respond to?

People with medical conditions

Older adults

Pregnant people

EXAMPLE:
Farmworkers

1

What are the needs, concerns, and experiences of community members at higher risk?

“Agricultural workers living in cabins: They have 40 people to 2 bathrooms.”

“Bunk beds are not social distancing.”

Disproportionate Impacts for Low-Wage Workers



Ongoing risk of exposure to COVID-19 | Fear of missing work or losing job | Medical debt

Housing Related Impacts

Multigenerational Housing



STRENGTHS

Sharing costs, social support and cultural values



STRESSORS

Work and school from home



RISKS

Risky behaviors or jobs outside the home, exposure risk

Living Alone



RISKS

Anxiety and Depression, basic needs

Family Violence



RISKS

Increased risk of family violence due to isolation

Substandard Housing



RISKS

Exposure or aggravation of other health issues, environmental toxins

Financial Stress



RISKS

Financial stress and impacts → shelters, crowded housing, transition homelessness/unhoused

⚡ Stressors + Increased Impact

Impacts on Families



Children



No in-person school
Loss of services through school



Low-income, rural,
limited English proficiency, disabled



Job loss
Housing loss
Physical and mental health



Adults of color and low-income adults
Parents and caregivers of older adults



Working Age Adults & Parents



Young Adults



Isolation
Job loss
Taking care of younger siblings



Low-income, rural,
limited English proficiency, disabled



Risk of exposure in housing, workplace
Higher risk of sickness and death



People of color, immigrants and disabled seniors



Older Adults

Intersectionality

WASHINGTON STATE DEPARTMENT OF HEALTH

Intersectionality of Communities Disproportionately Affected by COVID-19

Farmworker and migrant community--so many people have gotten sick, too many people have died. Everybody in the community knows somebody. Congregate housing, the need to work, work that happens in close contact all of this leads to high likelihood of outbreak. Everyone also has underlying and comorbidity conditions. Folks are not insured and don't have access to healthcare.

One of the primary groups impacted in our community has been Native American, Yakama Nation, all age groups, have been impacted at twice the rate of other populations. Latino ... members of this community who work in farm labor, directly in the fields or warehouses, ...[are] impacted at a higher rate than others. Also...our elder population has been impacted at a higher rate. That's also notable on the Yakama reservation.

Our crews are a pretty diverse group the higher up the managerial people tend to be older and are approaching high-risk for their health. We also have minority populations our company in particular employs Asian and Pacific Islanders. Some other are Somali Americans.

Black, Indigenous, or people of color
Immigrant or refugee
People with comorbidities
Living in a rural area

Homeless
Incarcerated

Disabled people

Farmworkers
Workers in food processing
Frontline workers

Older adults

We also see large numbers of farmworkers getting COVID and dying and rural communities being hit hard with COVID.

People in homeless shelters, you're looking at people who are more likely to have a disability or people in prisons, detention centers.

Individuals who live in poverty, who experience a disability, you know, people of color, et cetera because they are often living in areas where their health is significantly impacted.

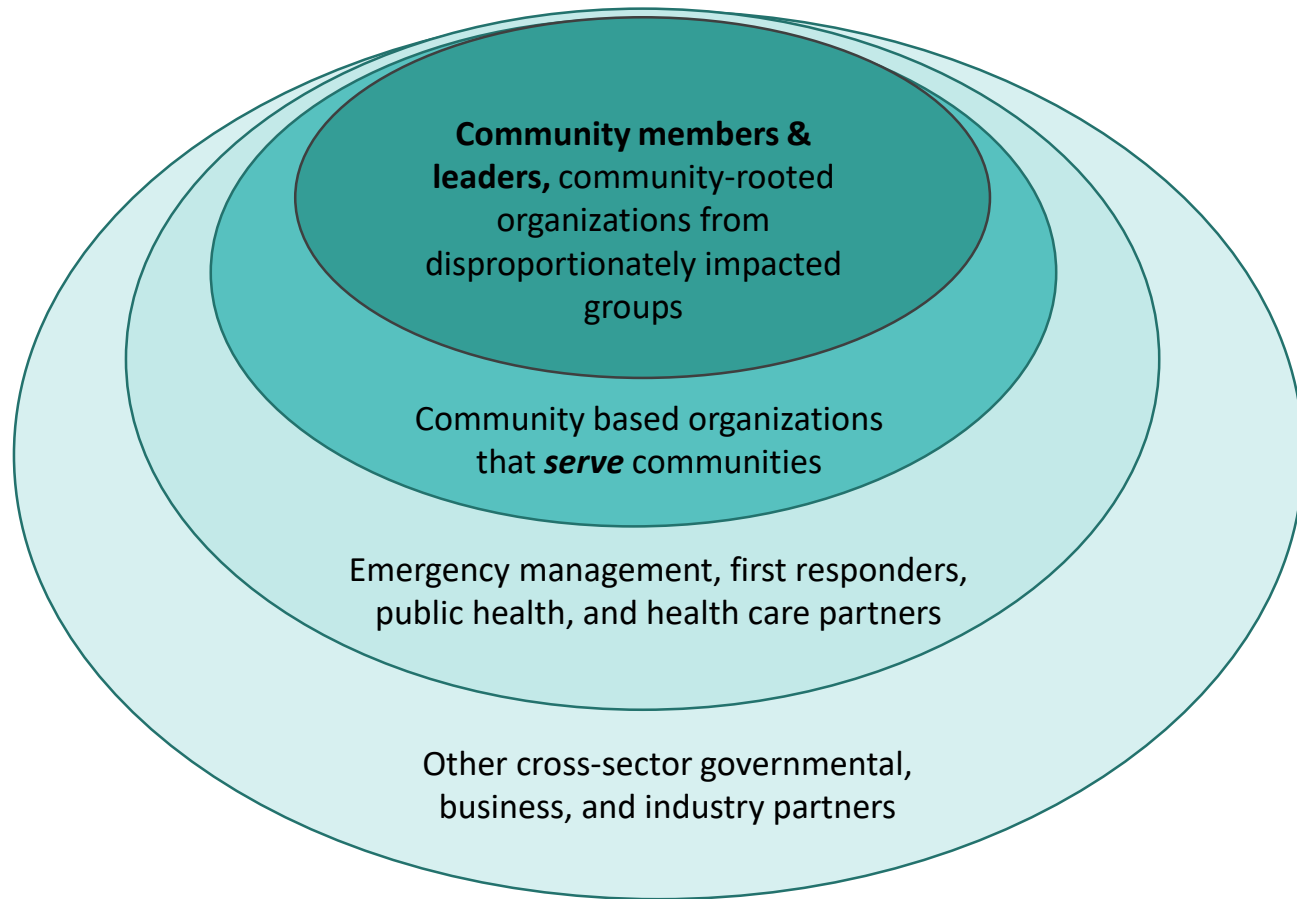
Members that are diabetic, suffer from high blood pressure, Pacific Island, queer, trans, sex workers who are at risk when seeing clients, those not able to access grants Diabetes is chronic in Pacific Islander communities. Limited resources, front line workers who live in bigger families.

Equity is a practice, **community engagement** is a verb

	Inform	Consult	Involve	Collaborate	Empower
	<ul style="list-style-type: none"> • Led by state • State holds power 	<ul style="list-style-type: none"> • Led by state • State holds power 	<ul style="list-style-type: none"> • Led by state • State holds power 	<ul style="list-style-type: none"> • Co-led • Power is shared 	<ul style="list-style-type: none"> • Led by community • Community holds power
Purpose	Provide information	Get and incorporate feedback	Ensure needs and interests are considered	Partner and share decision-making power	Support and follow the community's lead
	One-way communication	One-way communication	Two-way communication	Two-way communication	Two-way communication
	Address immediate needs or issues	Inform the development of state programs	Advance solutions to complex problems	Advance solutions to complex problems	Problems and solutions are defined by the community
Methods	<ul style="list-style-type: none"> • Town halls • Community meetings • Media • Social media • Materials • Web 	<ul style="list-style-type: none"> • Focus groups • Interviews • Surveys • Stakeholder groups 	<ul style="list-style-type: none"> • Audience & user testing • Advisory groups • Steering committees • Community conversations 	<ul style="list-style-type: none"> • Collective impact • Coalition building • Partnership building 	<ul style="list-style-type: none"> • Community immersion • Community mobilization
Promise	We will keep you informed about this project	We will listen to you and incorporate your feedback into our project	We will ensure your concerns and needs are reflected in our project	We will work with you in planning all aspects of this project	We will implement the project you come up with
When to use	There is no alternative because of urgency, regulatory reasons, or legal boundaries	You want to improve an existing service or program but the options of change are limited	You need community perspective and buy-in to successfully implement the project	Community members have a strong desire to participate and you have the time to develop a partnership	Community members want to own the project and you are committed to a long-term relationship

The Goal = working toward community-driven engagement

Centering communities: Equitable participation and power sharing



Example: Vaccine prioritization

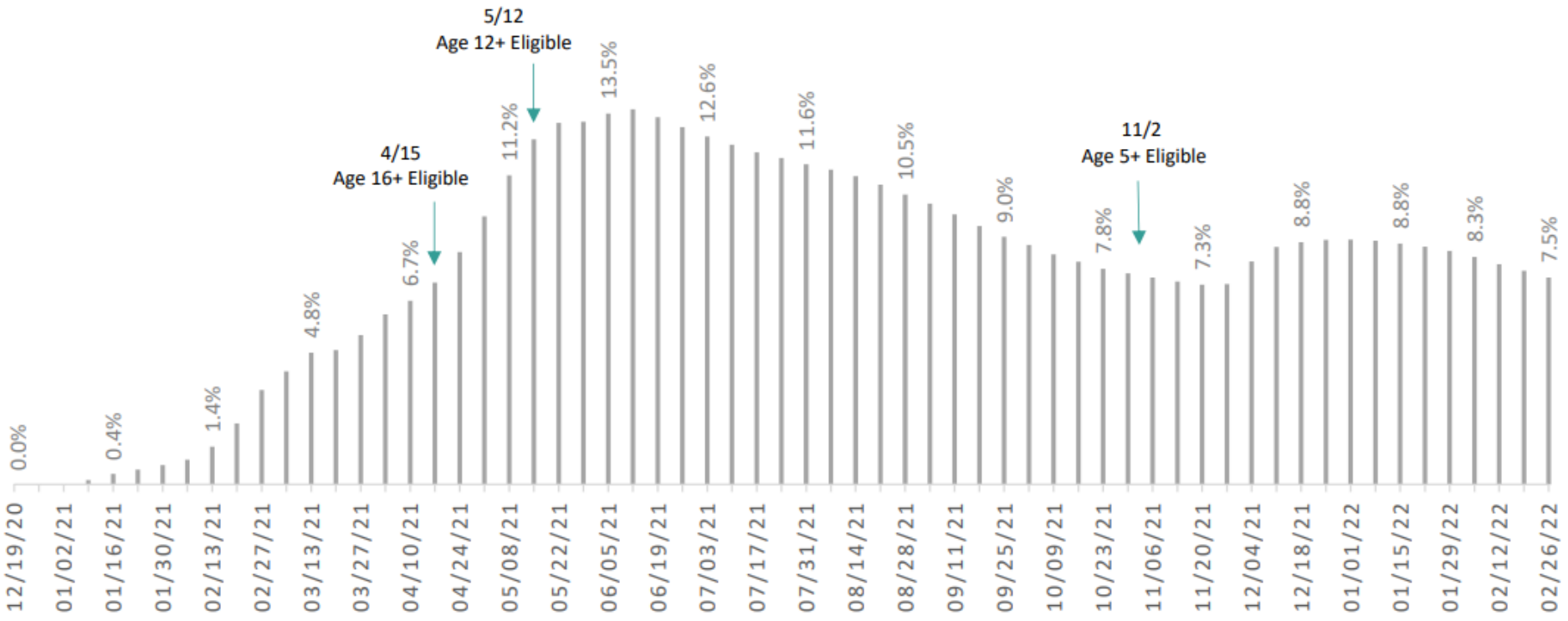
Community engagement group representation

Disproportionately Impacted Communities ¹	Essential Sectors, Services Sectors, and Industries	Health Care and Public Health Partners	Other High Priority Communities, Groups, and Sectors
Black/African American community	Essential and front-line workers	Local Health Jurisdictions	Children with special health care needs
Asian/Asian American community	Agricultural sector	Community health clinics	Youth
Native American	Migrant workers	Community Health Workers and promotoras	Youth in foster care
Native Hawaiian and other Pacific Islanders community	Farmworkers	Behavioral health and substance use disorder services	College and university students
Marshallese, Micronesian, and COFA (Compact of Free Association) communities	Seafood industry	Community blood centers	Parents
Latinx community	Food bank services	Rural medical services	Early learning and early childhood
Immigrant and refugee communities	Business community	Pharmacy	LGBTQ+ community
Asian diaspora	Public transportation	Post-acute and Long-Term Care	Rural communities
African diaspora	Hospitality industry	Veterinary care	Border communities
Latin American diaspora	Public utilities		Sub-urban communities
Former Soviet Union (FSU) diaspora	Parks and recreation		Faith-based communities
Undocumented communities	Technology sector		Veterans
People with underlying health conditions			Women
Older adults			
Pregnant people			
Individuals with disabilities			
People experiencing homelessness			
People who are incarcerated			
Low-income communities			
Uninsured communities			

¹ Communities that have experienced the greatest COVID-19 inequities related to cases, hospitalizations, deaths, and risk of severe illness. Participants self-identified as being in these groups and were often in more than one group.

Equity Gap for Vaccine Initiation

Weekly trend through 2/26/22



This graph shows the weekly difference in the average percent of the population initiating vaccination for census tracts at the high and low ends of the Social Vulnerability Index (SVI). The overall SVI ranking was used for each census tract. Census tracts with an SVI of 8 or 9 are categorized as 'high' SVI (greater social vulnerability). Those with an SVI of 1 or 2 are categorized as 'low' SVI.

The data show that vaccination initiation levels are lower in census tracts with greater social vulnerability. This has been observed for most of the time that vaccines have been available in WA, but the size of the difference has changed over time. Based on the latest data, the gap appears to be flattening or decreasing, but is still slightly higher than the mid-November low. The current vaccination initiation gap is 7.5 percentage points.



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