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

Heleen Dewey
Equity & Social Justice Manager-EPRR

Katie Meehan
Acting Community Relations & Equity Director-C4PA
Land Acknowledgement

Source: Spokane Tribe of Indians

Native-Land.ca | Our home on native land (native-land.ca)

Washington State Department of Health | 2
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 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
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.
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.

<table>
<thead>
<tr>
<th>Internalized</th>
<th>Interpersonal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beliefs within individuals, Stereotype threat</td>
<td>Bigotry between individuals, Racial anxiety</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Institutional</th>
<th>Structural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bias within an agency, school, etc.</td>
<td>Cumulative among institutions, durable, Multigenerational</td>
</tr>
</tbody>
</table>
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

- Differential access to resources
- Racism
- Differential living conditions
- Chronic Stress
  - Epigenetics
  - Increased Allostatic Load
- Health Inequities
  - Cancers, heart disease, high blood pressure, kidney disease, etc.

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

<table>
<thead>
<tr>
<th>System</th>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare</td>
<td>Disproportionality</td>
<td>Refers to the proportion of ethnic or racial groups of children in child welfare compared to those groups in the general population.</td>
</tr>
<tr>
<td>Health</td>
<td>Health Disparity</td>
<td>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.</td>
</tr>
<tr>
<td>Juvenile Justice</td>
<td>Disproportionate Minority Contact (DMC)</td>
<td>Refers to the disproportionate number of minority youth who come into contact with the juvenile system.</td>
</tr>
<tr>
<td>Education (Achievement)</td>
<td>Achievement Gap</td>
<td>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.</td>
</tr>
<tr>
<td>Education (Special Ed.)</td>
<td>Disproportionate Representation</td>
<td>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.</td>
</tr>
<tr>
<td>Economic Development</td>
<td>Historically Underutilized Businesses</td>
<td>Businesses that are disadvantaged and are deemed in a need of assistance to compete successfully in the marketplace.</td>
</tr>
</tbody>
</table>
## A Framework for Health Equity

### Socio-Ecological

<table>
<thead>
<tr>
<th>Discriminatory Beliefs (isms)</th>
<th>Institutional Power</th>
<th>Social Inequities</th>
<th>Risk Factors &amp; Behaviors</th>
<th>Disease &amp; Injury</th>
<th>Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
<td>Corps &amp; other businesses</td>
<td>Environment</td>
<td>Smoking</td>
<td>Infectious Disease</td>
<td>Infant Mortality</td>
</tr>
<tr>
<td>Class</td>
<td>Gov’t Agencies</td>
<td>Social</td>
<td>Nutrition</td>
<td>Chronic Disease</td>
<td>Life Expectancy</td>
</tr>
<tr>
<td>Gender</td>
<td>Schools</td>
<td>Physical</td>
<td>Physical Activity</td>
<td>Intentional &amp; Unintentional Injury</td>
<td></td>
</tr>
<tr>
<td>Immigration Status</td>
<td></td>
<td>Residential Segregation</td>
<td>Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Origin</td>
<td></td>
<td>Workplace Conditions</td>
<td>Chronic Stress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical Model

- Infant Mortality
- Life Expectancy

### Mortality

- Health Educ.
- Clinics
- ER Rooms
A Framework for Health Equity

Socio-Ecological

Biased Beliefs (isms) → Policies & Practices → Impacted Community

Medical Model

Behavior → Disease → Death

Change the Narrative
Policy & Partnerships
Power & Leadership

Health Educ.
Clinics
ER Rooms
Inequities During the COVID-19 Pandemic

Social Inequities
- Class
- Race/Ethnicity
- Immigration status
- National origin
- Gender
- Sexual orientation
- Disability

Institutional Inequities
- Businesses
- Gov’t agencies
- Schools
- Law & Regulation
- Non-profits

Physical Environment
- Transportation
- Housing
- Food insecurity

Economic Environment
- Employment
- Income
- Retail
- Occupational hazards

Social Environment
- Discrimination
- Media
- Social support

Service Environment
- Healthcare
- Education
- Social Services
- Childcare

Risk Behaviors
- Lack of:
  - Social distancing
  - Avoiding crowds
  - Wearing masks
  - Washing hands
  - Quarantine
  - Isolation
  - Testing
  - Vaccination

Disease & Injury
- COVID-19

Disproportionate Morbidity/Mortality
- Racial & Ethnic groups
- Immigrant & Undocumented
- Limited English proficiency
- People with disabilities
- Unhoused people

Policy

Change the conversation
Strategy partnerships & advocacy
Community engagement & organizing
Health Education
Health Care Care coordination
COVID-19
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.
What are the needs, concerns, and experiences of community members at higher risk?

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

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

What systemic inequities, historical injustices, or current realities influence this community’s access, level of risk, and outcomes?
Disproportionate Impacts for Low-Wage Workers

WORKER FACTORS

- Go to work
- Have multiple jobs
- Work in crowded places

WORKPLACE FACTORS

- No sick days
- PPE not provided
- No health insurance

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

“Agricultural workers living in cabins: They have 40 people to 2 bathrooms.”
“Bunk beds are not social distancing.”
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

**Financial Stress**

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

**Substandard Housing**

**RISKS**
Exposure or aggravation of other health issues, environmental toxins

**Family Violence**

**RISKS**
Increased risk of family violence due to isolation
Impacts on Families

Children
- No in-person school
- Loss of services through school
- Low-income, rural, limited English proficiency, disabled

Young Adults
- Isolation
- Job loss
- Taking care of younger siblings
- Low-income, rural, limited English proficiency, disabled

Working Age Adults & Parents
- Job loss
- Housing loss
- Physical and mental health
- Adults of color and low-income adults
- Parents and caregivers of older adults

Older Adults
- Risk of exposure in housing, workplace
- Higher risk of sickness and death
- People of color, immigrants and disabled seniors
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.

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, frontline workers who live in bigger families.
Equity is a practice, **community engagement** is a verb

<table>
<thead>
<tr>
<th>Inform</th>
<th>Consult</th>
<th>Involve</th>
<th>Collaborate</th>
<th>Empower</th>
</tr>
</thead>
</table>
| • Led by state  
• State holds power | • Led by state  
• State holds power | • Led by state  
• State holds power | • Co-led  
• Power is shared | • Led by community  
• Community holds power |

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Provide information</th>
<th>Get and incorporate feedback</th>
<th>Ensure needs and interests are considered</th>
<th>Partner and share decision-making power</th>
<th>Support and follow the community’s lead</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>One-way communication</td>
<td>One-way communication</td>
<td>Two-way communication</td>
<td>Two-way communication</td>
<td>Two-way communication</td>
</tr>
<tr>
<td></td>
<td>Address immediate needs or issues</td>
<td>Inform the development of state programs</td>
<td>Advance solutions to complex problems</td>
<td>Advance solutions to complex problems</td>
<td>Problems and solutions are defined by the community</td>
</tr>
</tbody>
</table>

| Methods | Town halls  
• Community meetings  
• Media  
• Social media  
• Materials  
• Web | Focus groups  
• Interviews  
• Surveys  
• Stakeholder groups | Audience & user testing  
• Advisory groups  
• Steering committees  
• Community conversations | Collective impact  
• Coalition building  
• Partnership building | 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

- Community members & leaders, community-rooted organizations from disproportionately impacted groups
- Community based organizations that serve communities
- Emergency management, first responders, public health, and health care partners
- Other cross-sector governmental, business, and industry partners
## Example: Vaccine prioritization

### Community engagement group representation

<table>
<thead>
<tr>
<th>Disproportionately Impacted Communities¹</th>
<th>Essential Sectors, Services Sectors, and Industries</th>
<th>Health Care and Public Health Partners</th>
<th>Other High Priority Communities, Groups, and Sectors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black/African American community</td>
<td>Essential and front-line workers</td>
<td>Local Health Jurisdictions</td>
<td>Children with special health care needs</td>
</tr>
<tr>
<td>Asian/Asian American community</td>
<td>Agricultural sector</td>
<td>Community health clinics</td>
<td>Youth</td>
</tr>
<tr>
<td>Native American</td>
<td>Migrant workers</td>
<td>Community Health Workers and promoteras</td>
<td>Youth in foster care</td>
</tr>
<tr>
<td>Native Hawaiian and other Pacific Islanders community</td>
<td>Farmworkers</td>
<td>Behavioral health and substance use disorder services</td>
<td>College and university students</td>
</tr>
<tr>
<td>Marshallese, Micronesian, and COFA (Compact of Free Association) communities</td>
<td>Seafood industry</td>
<td>Community blood centers</td>
<td>Parents</td>
</tr>
<tr>
<td>Latinx community</td>
<td>Food bank services</td>
<td>Rural medical services</td>
<td>Early learning and early childhood</td>
</tr>
<tr>
<td>Immigrant and refugee communities</td>
<td>Business community</td>
<td>Pharmacy</td>
<td>LGBTQ+ community</td>
</tr>
<tr>
<td>Asian diaspora</td>
<td>Public transportation</td>
<td>Post-acute and Long-Term Care</td>
<td>Rural communities</td>
</tr>
<tr>
<td>African diaspora</td>
<td>Hospitality industry</td>
<td>Veterinary care</td>
<td>Border communities</td>
</tr>
<tr>
<td>Latin American diaspora</td>
<td>Public utilities</td>
<td></td>
<td>Sub-urban communities</td>
</tr>
<tr>
<td>Former Soviet Union (FSU) diaspora</td>
<td>Parks and recreation</td>
<td></td>
<td>Faith-based communities</td>
</tr>
<tr>
<td>Undocumented communities</td>
<td>Technology sector</td>
<td></td>
<td>Veterans</td>
</tr>
<tr>
<td>People with underlying health conditions</td>
<td></td>
<td></td>
<td>Women</td>
</tr>
<tr>
<td>Older adults</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnant people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals with disabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People experiencing homelessness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People who are incarcerated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low-income communities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uninsured communities</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
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.
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.