

Public Health - Seattle & King County

Racism is a Public Health Crisis / Equity and Social Justice

Division Plan 2023-24

Your Division: Office of the Director

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1) What is the division’s process for developing this plan (who has participated from employees and communities)? How will they continue to be engaged? What systems of transparency and accountability will you create?

This plan for ODIR has been created with collaboration from all the teams in the office:

- Communications
- Equity and Community Partnerships
- Government Affairs
- Nursing
- Policy and Planning
- Preparedness

Also, our teams are leads for major parts of our department’s Equity/Racism is a Public Health Crisis plans and goal areas for 2023-24, and more details can be found in those plans. Those include:

- Policy and Budget Goal Area: Policy and Planning
- Communications and Education Goal Area: Communications
- Community Partnerships Goal Area: Equity and Community Partnerships
- Workforce and Workplace Goal Area: Equity and Community Partnerships in collaboration with Human Resources

The overall direction of this ODIR plan is in line with community priorities as expressed by the Pandemic and Racism Community Advisory Group and the Community Navigators, as well as the COVID-19 and Health Equity (CHE) Community Advisory Group.

2) Priorities for the next 2 years will be on Racism is a Public Health Crisis policies and budget, workforce/workplace equity and community partnerships

A. Racism is a Public Health Crisis policies and budget

Inequities addressed	Actions, Objectives and Measures
1. To address deeply entrenched health inequities, PH’s budget and policies should be driven by community priorities and	PH will work closely with community groups (i.e., Pandemic and Racism Community Advisory Group, Community Navigators and others) in developing budgets and policies. These include <ul style="list-style-type: none">- Public Health’s 2025, 26-27 budget

<p>co-created with BIPOC communities</p>	<ul style="list-style-type: none"> - Co-designed policy priorities with PARCAG and Community Navigators - Department-wide policy agenda - BOH policies that are not only regulatory
<p>2. To address deeply entrenched health inequities, PH’s plans and other guiding documents (strategic plan) should be driven by community priorities and co-created with BIPOC communities</p>	<p>PH will work closely with community groups (i.e., Pandemic and Racism Community Advisory Group, Community Navigators and others) to develop plans and policies that are centered on community priorities and needs and aligned with our declaration of Racism as a PH Crisis. Plans and policies include:</p> <ul style="list-style-type: none"> - PH Strategic Plan <ul style="list-style-type: none"> o Developing measures, and making them publicly visible for transparency/accountable - Preparedness’ Equity Response Annex and Infectious Disease Annex - Preparedness’ equity standards or benchmarks that can be used to set objectives and measure progress toward achieving equity in public health emergencies and disasters
<p>3. To address deeply entrenched health inequities, PH should support the King County Board of Health to center their workplan, policies, and advocacy to address racial equity and center priorities of BIPOC communities</p>	<p>While PH does not control the Board, we can ensure that all department driven policy, briefings, and advocacy requests are grounded in racial equity and include equity review. PH can support the Board’s resolution committing to addressing Racism as a Public Health Crisis, including prioritizing BIPOC voices at the table for Board briefings, being responsive to BIPOC communities’ requests to the Board, and working closely with the Board Chair to center racial equity in Board decision making.</p>
<p>4. To address deeply entrenched health inequities, PH should highlight BIPOC community needs to elected officials as able</p>	<p>Government affairs will use power as strategic gatekeepers to proactively lift up issues impacting BIPOC communities to leadership at the department and EO level, to highlight opportunities for support, and to elevate voices of those most impacted. In dealings with other elected, GA will not shy away from naming racism by leading with health inequities data, department commitment to Racism as a Public Health Crisis, etc.</p> <p>Department policy agenda will center racial equity and policy agenda product(s) will explicitly highlight BIPOC community needs/impacts to complement GA’s work</p>

B. Workforce/workplace equity

Inequities addressed	Actions, Objectives and Measures
1. Preparedness staff and Public Health Reserve Corps volunteers lack a common set of expectations for how to apply equity principles and values to emergency responses.	Develop an intentional curriculum of ESJ training for Preparedness staff and Public Health Reserve Corps volunteers. This training will be required for all Preparedness staff and PHRC volunteers and will reinforce how to lead and serve in an emergency response with an equity mindset.
2. ODIR staff needs a common racial equity framework and analysis in order to effectively address Racism as a Public Health Crisis	ODIR leadership and staff will participate in an Undoing Institutional Racism training together to build our shared analysis and commitment.
3. Reducing bias in the hiring process for nurses	Review and update classification specifications for all nursing and medical assistant job positions. Review of job announcements to decode gender language & access bias. Crosswalk our process improvements with the KC Equity Toolkit - once revised.

C. Community Partnerships

Inequities addressed	Actions, Objectives and Measures
1. Communities most impacted by health inequities not involved in co-creation and processes, decisions, plans, programs, dissemination and communication	<p>Establish a long-term Community Engagement and Partnerships team within ODIR and as part of OECP in order to incorporate community voice into plans, policies, budgets, communications and nurture relationships with communities most impacted by health inequities.</p> <ul style="list-style-type: none"> - Hire Community Partnerships Manager by early 2023, and hire two career service Community Engagement and Partnerships Managers by early 2024. - OECP will continue to provide staff support for both the internal Community Engagement Team as well as the OERSJ Community Engagement Team.
2. Communities most impacted by health inequities not involved in co-creation and processes, decisions, plans, programs,	Transition community groups / programs created during the pandemic into long-term PH programs focused on Racism as a Public Health Crisis.

<p>dissemination and communication</p>	<p>Pandemic and Racism Community Advisory Group would continue to convene and inform PH in areas of policy/budget, community partnerships including contracting and workforce/workplace equity.</p>
<p>3. Communities most impacted by health inequities not involved in co-creation and processes, decisions, plans, programs, dissemination and communication</p>	<p>Transition the Language Access Team that was created during the pandemic into a long-term PH program to address language needs of community. Pursue diverse funding sources and support building language access into division/program budgets.</p>
<p>4. Emergency responses do not use a targeted universalism framework to address the unique needs of communities disproportionately impacted by emergencies.</p>	<p>Develop the Public Health Reserve Corps to be more responsive to the needs of community groups most likely to experience disproportionate impacts during an emergency.</p> <ul style="list-style-type: none"> - Consult with CBOs to learn how PHRC volunteers can be of greater day-to-day service to community - Consult with CBOs on how Preparedness can remove barriers to volunteering and encourage BIPOC community members to become PHRC volunteers -