

Agenda

	Speaker	Time
Welcome <ul style="list-style-type: none">• Check in question: What's on your heart?	Yordanos Teferi, Steering Committee and Community Health Board Coalition	10:35 – 11:00
Race/ethnicity Data Follow-up <ul style="list-style-type: none">• Public Health's Demographic Data Toolkit and other race/ethnicity data updates	Francesca Holme, Public Health	11:00 – 11:30
Healing through Policy Updates and Next Steps	Ellany Kayce, HEARCAG member, ERT, and Tlingit tribe member Halima Lozano, Public Health	11:30 – 11:55
Schedule Updates <ul style="list-style-type: none">• In-person/hybrid Community Check-in: Thurs, Oct 3, 9 am to 1 pm at Tukwila Community Center• Next Transformative Justice training sessions<ul style="list-style-type: none">• Oct 11, Oct 18 and Oct 31, all 10 am to noon	Jennell Hicks, Public Health	11:55 – 12:00
Close	Yordanos	12:00

July 18, 2024

What's on your heart today?

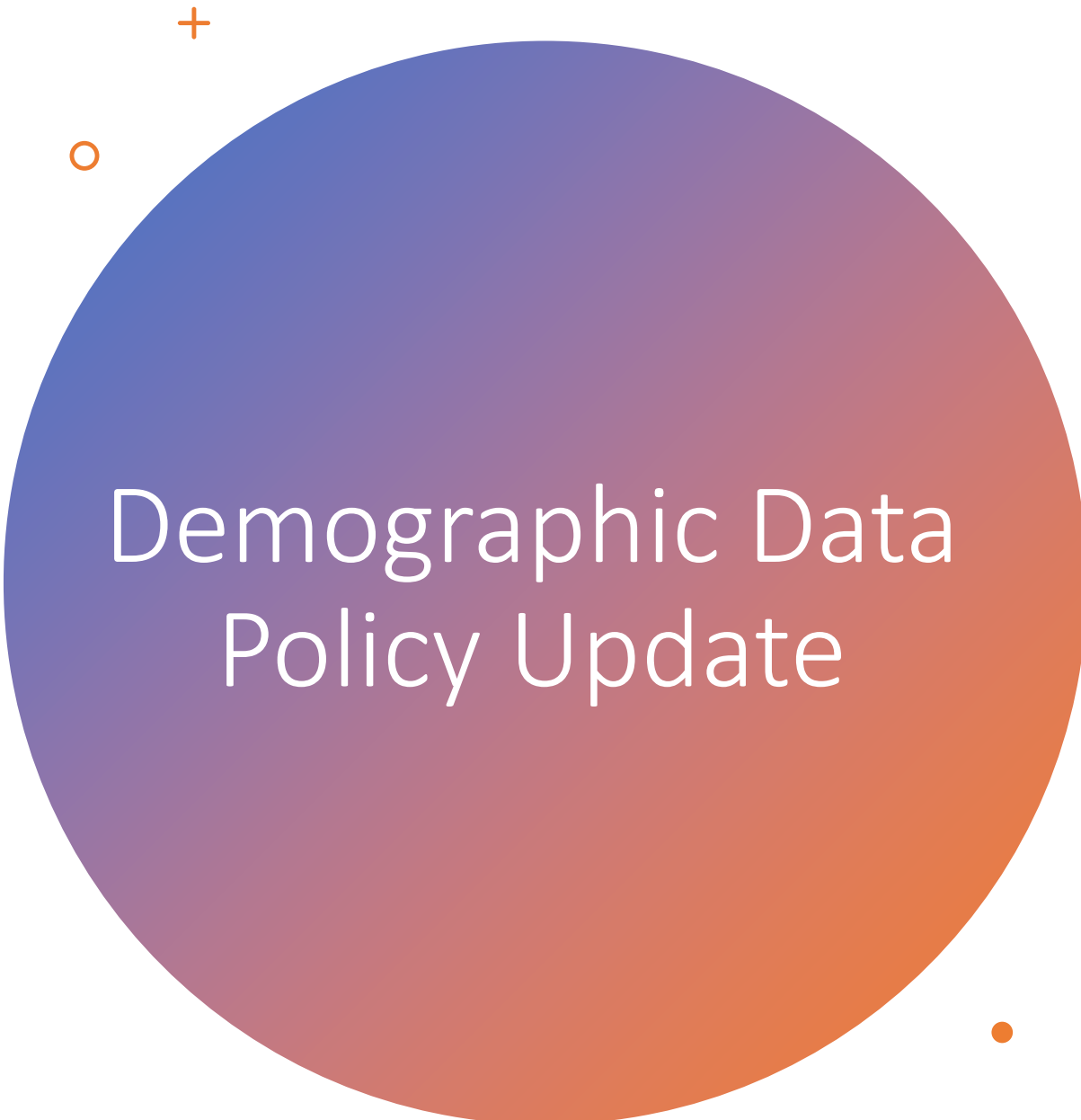
Land and enslaved people acknowledgment

We invite you to recognize the written histories of the United States as fractured.

We are on the traditional land of the Coast Salish people, whose communities lived here for generations and who continue to be systematically erased by policies and practices that remove their histories from this place. We honor their past and continued stewardship of this land.

We acknowledge that the United States was built off the stolen labor of kidnapped African people. Much of what we know of this country today—its culture, economic growth, and development—has been made possible by the labor of enslaved Africans and their descendants, who suffered the horrors of the trans-Atlantic human trafficking, chattel slavery, and Jim Crow. We are indebted to their labor and sacrifices, and we acknowledge the tremors of violence throughout generations that can still be felt today.

We recognize that these difficult histories persist in present-day racial realities and privileges in our nation. We commit to dismantling this racism in all spaces of our work and lives.



Demographic Data Policy Update

Francesca Holme

Policy Project Manager

Public Health – Seattle and King County

September 5, 2024



Improving
demographic
data is
important to
Public Health –
Seattle and King
County and our
partners

Better demographic data is essential to understanding who in our communities is most impacted by inequities in health.

We often hear from our community partners that having better demographic data is important to them.

Improving demographic data is included in our Informatics Strategic Plan.

From 2022 – 2024, funding from the CDC allowed us to advocate for policy change for better demographic data. This policy work is now concluding.

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HEARCAG has advocated for better demographic data

HEARCAG submitted written comments on these policies:

- Washington State data rules:
 - Communicable disease data on race, ethnicity and primary language (2021)
 - Hospital discharge data on race, ethnicity, primary language, sexual orientation, gender identity and disability (2022)
- US data rules:
 - Office of Management and Budget race and ethnicity data reporting rules (2023)

In all three cases, thanks to HEARCAG and many other advocates, these policies now require more detailed demographic data.

My goal today: give you an update on how these data policies are working so far.



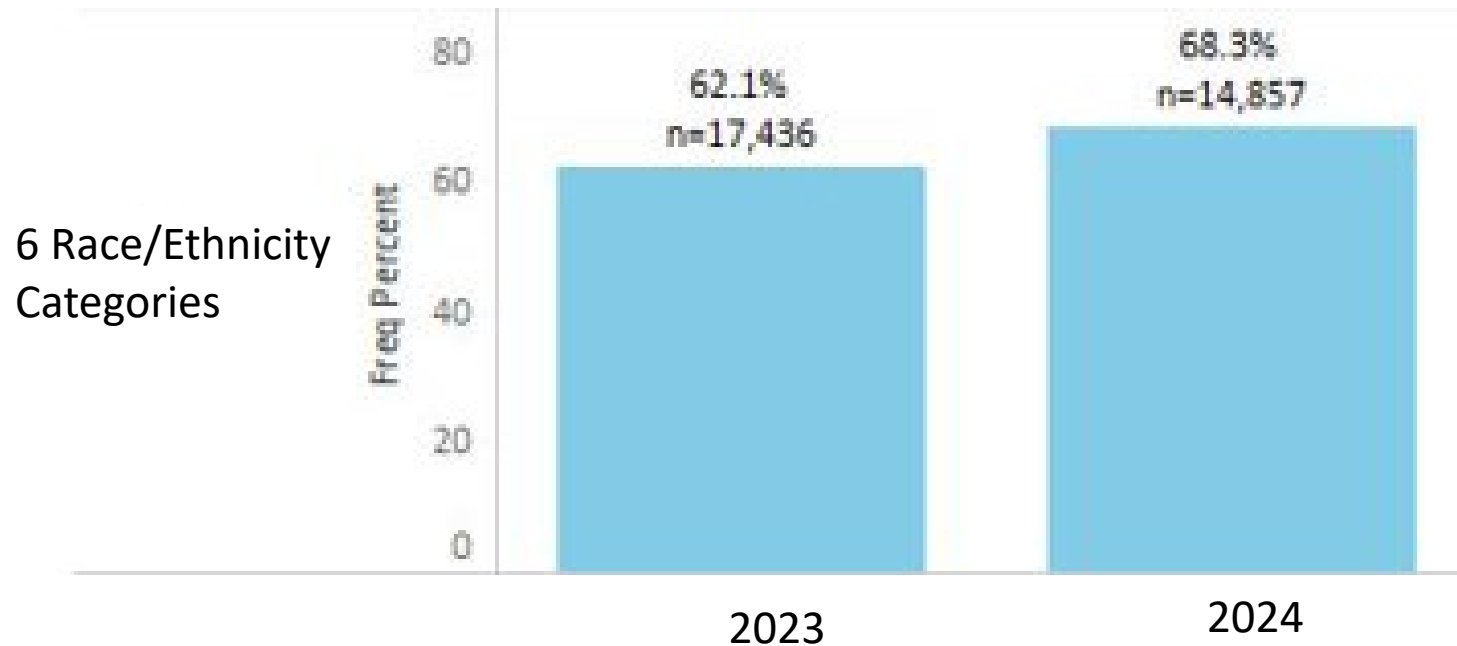
My main message for you:
implementation is going
slower than we'd like.



Washington State communicable disease data

In January of 2023, requirements changed from 6 race/ethnicity categories to over 60 categories, but many labs still had trouble reporting the original 6 categories.

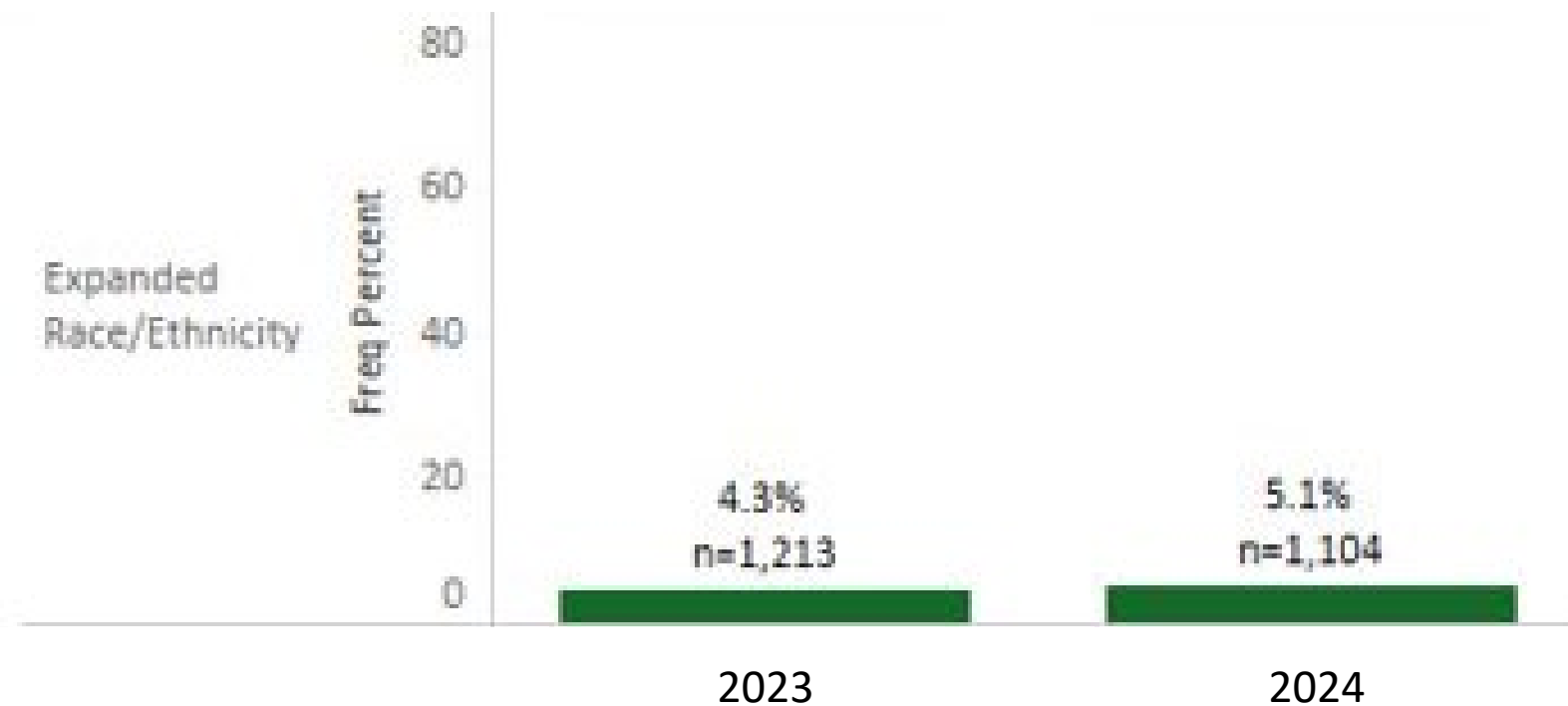
% of General Communicable Disease Lab Results with:



Washington State communicable disease data, continued

Just over 5% of lab results so far in 2024 include the expanded race/ethnicity categories, but reporting seems to be increasing.

% of General Communicable Disease Lab Results with:

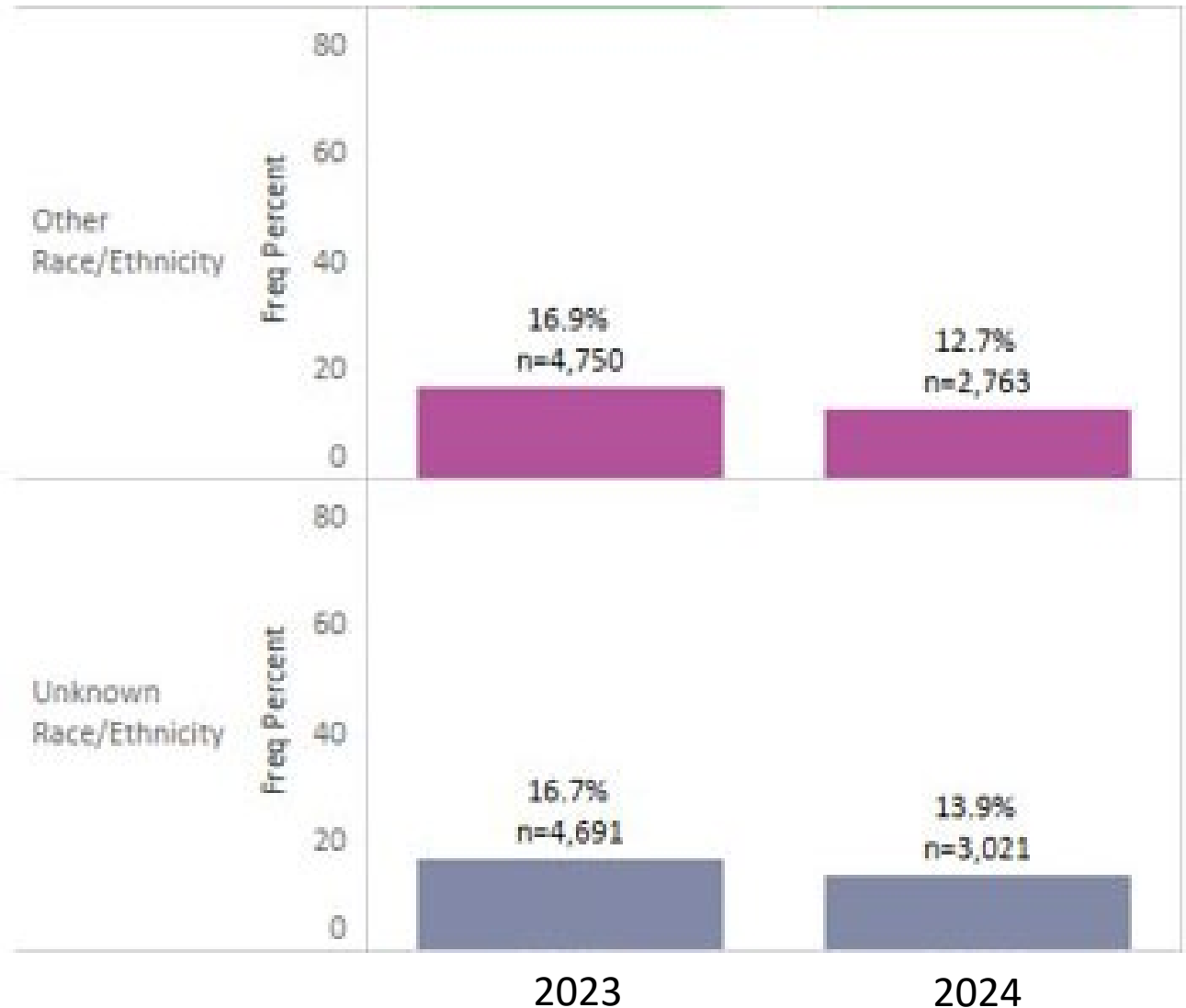


Most of the expanded reporting comes from 2 of the 3 labs in King County that submit the most lab reports.

Washington State communicable disease data, continued

Decreases in “other” and “unknown” race/ethnicity reporting may mean that the accuracy of reporting is improving with more categories available.

% of General Communicable Disease Lab Results with:



A look at the expanded communicable disease data: 2023 - 2024

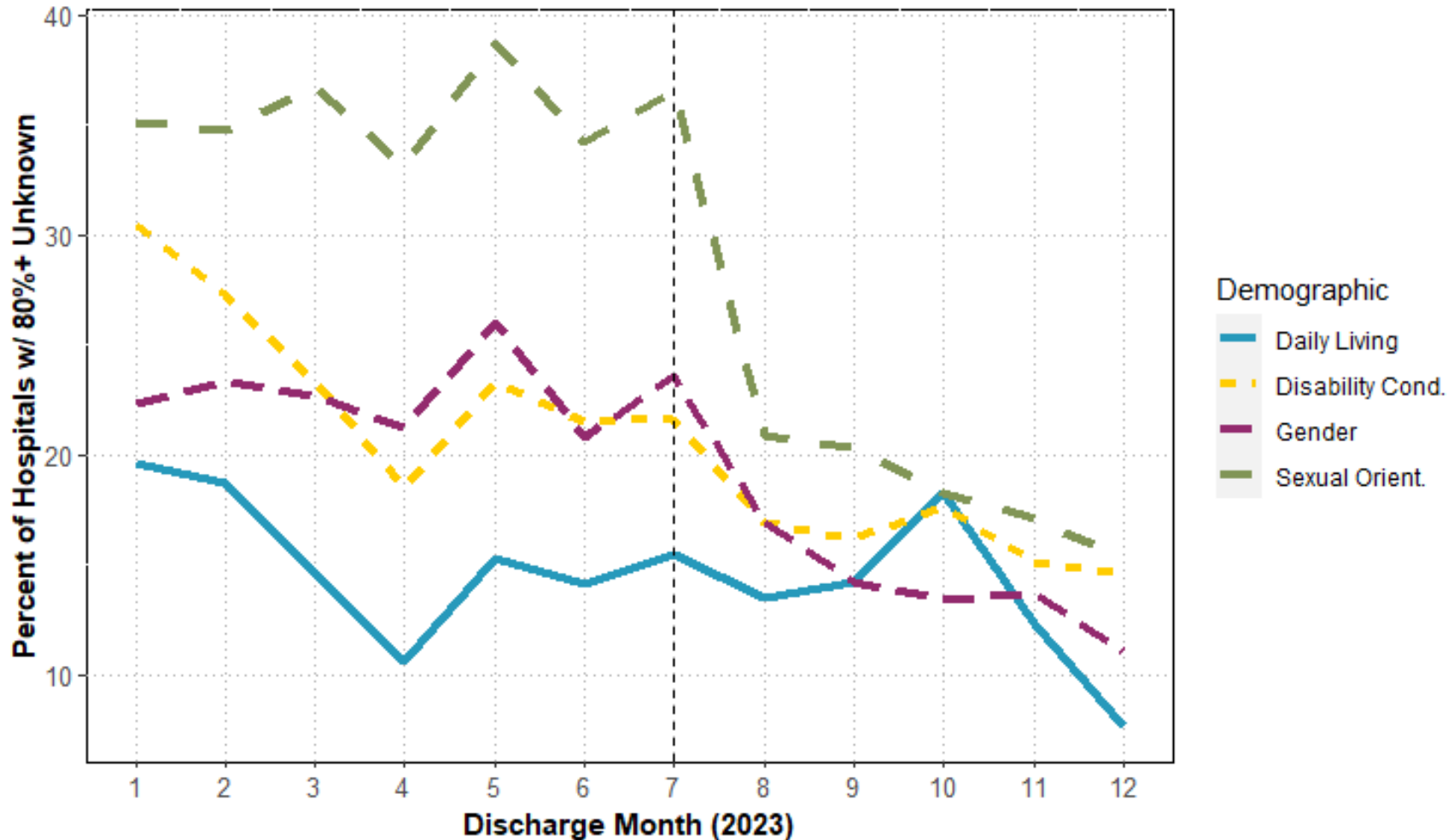
10 most frequently reported expanded race/ethnicity categories	Count
Pacific Islander	338
Mexican/Mexican American	310
Filipino	303
Asian Indian	293
American Indian	182
Vietnamese	122
Chinese	120
Korean	95
Native Hawaiian	72
Middle Eastern	46

Expanded race/ethnicity categories with a count of less than 10	
Indonesian	Lebanese
Thai	Tongan
Central American	Cuban
Ethiopian	Egyptian
Chicano/a/x	Fijian
Nepalese	Guatemalan or Chamorro
Mien	Kenyan
Bamar/Burman/Burmese	Taiwanese
Iranian	

Washington State hospital discharge data

- New demographic data reporting requirements started in 2023:
 - Over 60 race/ethnicity categories
 - Nearly 50 primary language categories
 - Sexual orientation/gender identity (SOGI)
 - Disability
- Unfortunately, we don't have much evidence about how this is working yet.

Percentage of “unknown” data on disability, SOGI decreased over 2023; still needs improvement



The federal government had been using these same race and ethnicity data categories since 1997:

- Ethnicity:
 - Hispanic or Latino
 - Not Hispanic or Latino
- Race:
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

New federal standards for race/ethnicity data collection published March, 2024

- Changes:
 - Collect race and ethnicity information using one combined question
 - Add a 'Middle Eastern or North African' category
 - Updated definitions, terminology, and guidance to agencies
- Example combined question:
What is your race or ethnicity?
Select all that apply.
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Middle Eastern or North African
 - Native Hawaiian or Pacific Islander
 - White

New federal standards also require more detailed data in most situations

What is your race or ethnicity?

Select all that apply **AND** enter additional details in the spaces below.

Note, you may report more than one group.

WHITE – Provide details below.

- German Irish English
 Italian Polish French

Enter, for example, Scottish, Norwegian, Dutch, etc.

HISPANIC OR LATINO – Provide details below.

- Mexican or
 Mexican American Puerto Rican Cuban
 Salvadoran Dominican Colombian

Enter, for example, Guatemalan, Spanish, Ecuadorian, etc.

BLACK OR AFRICAN AMERICAN – Provide details below.

- African American Jamaican Haitian
 Nigerian Ethiopian Somali

Enter, for example, Ghanaian, South African, Barbadian, etc.

ASIAN – Provide details below.

- Chinese Filipino Asian Indian
 Vietnamese Korean Japanese

Enter, for example, Pakistani, Cambodian, Hmong, etc.

AMERICAN INDIAN OR ALASKA NATIVE – Enter, for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Tribal Government, Tlingit, etc.

MIDDLE EASTERN OR NORTH AFRICAN – Provide details below.

- Lebanese Iranian Egyptian
 Syrian Moroccan Israeli

Enter, for example, Algerian, Iraqi, Kurdish, etc.

NATIVE HAWAIIAN OR PACIFIC ISLANDER – Provide details below.

- Native Hawaiian Samoan Chamorro
 Tongan Fijian Marshallese

Enter, for example, Palauan, Tahitian, Chuukese, etc.

Implementation timeline

Federal agencies instructed to begin updating their forms as quickly as possible.

Federal agencies required to submit a publicly available action plan for compliance. The plan is due within 18 months (by September, 2025).

All data collections and programs must comply with the updated standards within five years (by March, 2030).

Demographic Data Toolkit

Public Health — Seattle & King County



February 2024

Public Health
Seattle & King County 

Meanwhile, PHSKC published a [Demographic Data Toolkit](#)

- Includes our own best practices, which align with and expand on the new federal standards
- For more information, contact Kai Fukutaki: kfukutaki@kingcounty.gov

2024-2029 Public Health Strategic Plan

Anti-racism + Equity



Information, Impact & Innovation



Workforce and Infrastructure



Partnerships



Emerging Threats to Community Health & Well-being



Climate and Health

Policy Development

Data / Informatics

Communications

Workforce

Internal Collaboration

Emergency Preparedness

Community

Cross-sector

Community Well-being and Youth Behavioral Health

Gun Violence Prevention

Overdose Prevention

Health of People Experiencing Homelessness

My final messages to you

Even though implementation of new data policies is slow, you've had an important long-term impact.

Even though our policy work on demographic data has ended, Public Health's will continue to work on improving demographic data, led by our Informatics Team.

To continue your advocacy on this topic, consider reaching out to federal and state agencies to ask about implementation of new demographic data policies.

- Federal race/ethnicity data: US Region 10 HRSA Administrator Sharon Turner: sturner@hrsa.gov
- Washington hospital discharge data: CHARSGeneral@doh.wa.gov
- Washington communicable disease data: DOH-CDS-Surveillance@doh.wa.gov

Thank you!

SEPTEMBER 2024

UPSTREAM COMMUNITY RACIAL HEALTH PROJECTS

PRESENTATION FOR HEARCAG

ELLANY KAYCE, HEALING THROUGH POLICY TEAM

HALIMA LOZANO, PUBLIC HEALTH

2 PROJECTS CONVERGING

Upstream Cross-Sector Project:

Work to identify upstream areas of cross-sector collaboration in community racial health inequities

Healing Through Policy Project:

Project part of national cohort's racial-healing policy project, focused on investing in BIPOC communities' health and reducing the harm of punitive systems.

**WHERE
WE ARE
GOING.**



UPSTREAM CROSS-SECTOR PROJECT

Focus: Collaboration on upstream drivers of community racial health inequity

Short-Term Goals:

1. Create model to prioritize upstream drivers
2. Build or enhance cross-sector coalition

Long-Term Goals:

1. Address determinants of racial health inequity
2. Improve upstream cross-sector collaboration

WHAT WE'VE DONE SO FAR.

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1. Enhanced SDoH model, integrating structural racism
 2. Created framework for identifying upstream cross-sector collaboration areas
 3. Identified key areas for further collaboration

1. SDOH MODEL WITH STRUCTURAL RACISM

Structural Racism								
SDoH	Economic Stability	Food System	Neighborhood & Physical Environment	Mental & Behavioral Health System	Community, Safety, & Social Context	Education System	Digital Equity	Medical/ Healthcare System
Health Factors	Employment: Safe and reliable jobs Livable wages/income Cost of living/expenses Debt and medical bills Low-income supportive programs/loan systems Information and education	Quality: culturally appropriate and nutritious food Access: affordability and availability Adaptive infrastructure Information and education	Climate Impacts Affordable housing Affordable and reliable transportation Availability of parks and playgrounds Walkability Attributes of zip code /geography Availability of alcohol and drugs Neighborhood segregation	Quality: linguistically, culturally appropriate, respectful, and effective care Access: Health coverage, affordability, <u>available services</u> and medication Social acceptability Adaptive infrastructure Information and education	Social integration Family and Social Support Racial healing and community engagement/cohesion Stress Exposure to violence/trauma Policing/justice policy Unintentional Injury Immigration policies	Literacy rates Language access Quality early childhood education Vocational training availability Higher education pathways School Segregation Family and child-centered supportive programs	Access Digital literacy Adaptive infrastructure Non-English speaker services	Quality: linguistically, culturally appropriate, and effective care Access: Health coverage, affordability, service and medication availability, transportation Adaptive infrastructure Information and education

2. ISSUE IDENTIFICATION FRAMEWORK

Community Interest

- ✓ Recent community engagements
- ✓ CHNA findings
- 🕒 Conversations - community: ERT, PARCAG

Political Will & Feasibility

- ✓ Identified state/local policy targets
- ✓ Political feasibility
- 🕒 **Conversations - policy SMEs**

System Assets & Gaps

- ✓ Lit. review, cities and counties data
- ✓ KC data: CHNA, CHI
- 🕒 Conversations - SMEs, system mapping

3. KEY FOCUS AREAS IDENTIFIED

Community Safety & Social Context	<ul style="list-style-type: none">• Social integration, family and social support• Racial healing, community engagement/cohesion• Exposure to violence/trauma, stress• Policing/justice policy• Unintentional injury• Immigration policies
Economic Stability	<ul style="list-style-type: none">• Employment, income• Expenses, debt, medical bills• Support
Mental and Behavioral Health System/Access	<ul style="list-style-type: none">• Quality: linguistically, culturally appropriate, respectful care• Access: Health coverage, service availability• Infrastructure
Neighborhood and Physical Environment	<ul style="list-style-type: none">• Food system/access, climate impacts• Housing and transportation• Infrastructure, green spaces, zip code/geography• Availability of alcohol and drugs• Neighborhood segregation

Healing Through Policy

Seattle/King County team members:

Michelle Merriweather, Matias Valenzuela—co-leads
Bereket Kiros, Ellany Kayce, Jennell Hicks, Kirsten Wysen,
Jessica Jeavons, Ginna Hernandez Rodriguez

Other community of practice participants: Lansing, Flint,
Chicago, Hartford, CT and Martinsville, VA



IN COLLABORATION WITH



HEALING THROUGH POLICY : PROJECT GOAL

Healing Through Policy: Using the Truth, Racial Healing, and Transformation framework, offers local leaders a suite of policies and practices that are being implemented across the country to promote racial healing and address social inequities.

Vision:

Seattle/King County seeks to increase public investments in health, human services, and community development to support and center Black, Indigenous, and People of Color (BIPOC) communities, and reduce the harm of punitive systems.*

* Inspired by our Pandemic and Racism Community Advisory Group

Findings (1/2)

COUNTY FUNDING LEVELS DEPEND LARGELY ON CRIME RATES AND CRIMINAL CASES

Revised Code of Washington 82.14.310 and 82.14.320

Creates county and municipal criminal legal assistance accounts and mandate that the state treasurer transfer money from the general fund into these accounts. Money is transferred annually, and the amount must increase based on a fiscal growth factor.

County Funds: Amount received is calculated based on the county's population (2/10), crime rate (3/10), and number of criminal cases filed in the county superior court (5/10)

Crime rate is defined as: "annual occurrence of specified criminal offenses...as published by the Washington Association of Sheriffs and Police Chiefs, for each 1,000 in population"

Municipal Funds: Amount received depends on the city's crime rate, whether they have leveraged certain criminal legal system taxes, and the yields of those taxes

Findings (2/2)

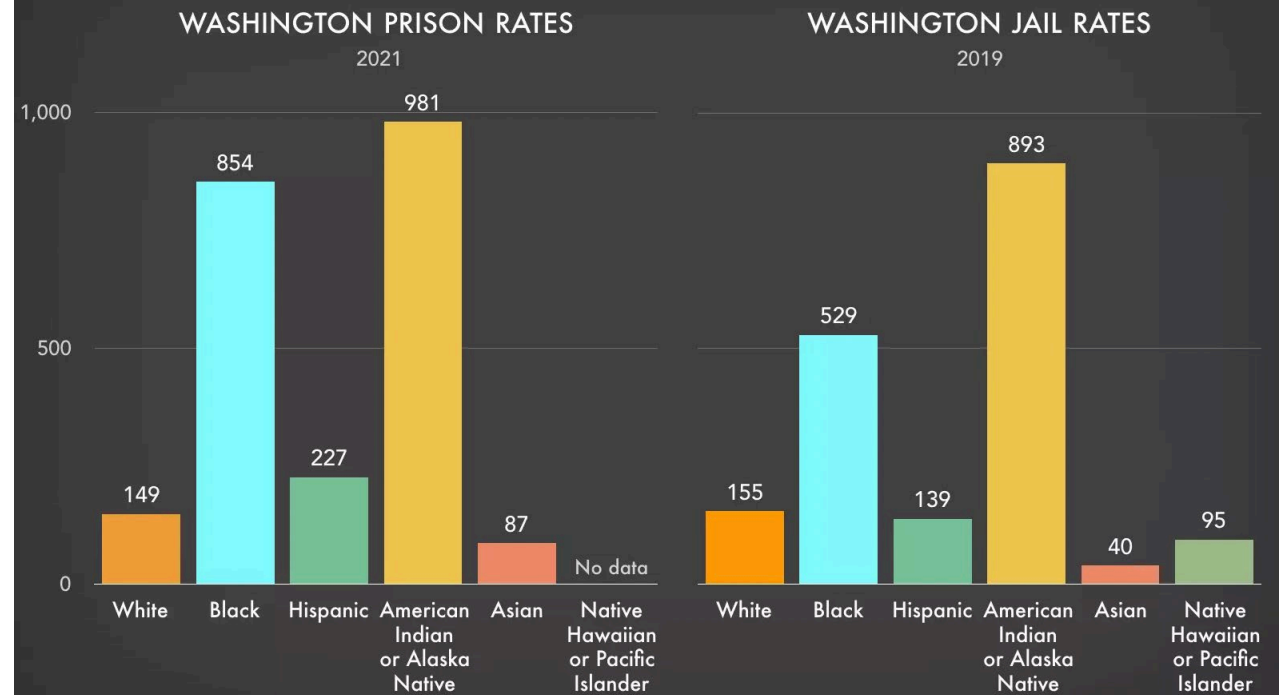
CHRONIC DISINVESTMENTS AND OVER-RELIANCE ON CRIMINAL LEGAL SYSTEM IMPACTS BIPOC HEALTH

PHSKC'S MISSION: PROMOTE AND IMPROVE THE HEALTH AND WELL-BEING OF ALL PEOPLE IN KING COUNTY BY LEADING WITH RACIAL EQUITY AND CHANGING SYSTEMS AND STRUCTURES THAT IMPACT HEALTH.

Chronic disinvestment in health and social services in BIPOC communities coupled with over-reliance on the criminal legal system have led to stark health inequities and higher incarceration rates among BIPOC communities

Racial disparities in Washington prison and jail incarceration rates

People in state prisons and local jails, per 100,000 state residents in each race or ethnicity category



Source: Bureau of Justice Statistics and U.S. Census Bureau data. For sourcing details and dataset, including race definitions and categories not displayed above, see: www.prisonpolicy.org/data/race_bystate_2021.xlsx.

NEXT STEPS

- New Public Health strategic plan commits to bold action on policy change to address the impacts of racism and health
- Coordinate with other related efforts in Public Health
- Continue working with the Truth, Racial Healing, and Transformation Framework & the 5 steps for transformation
- Bring other partners in, amplify work of leaders in the field, and take the work to scale
- Be accountable and report back to our community advisory group, PARCAG



CONSIDERATIONS FOR THE GROUP

- **Working upstream/on SDoH:** We talk a lot about, and hear from community a lot about, “working upstream” and working on social determinants of health – what does that mean to you?
- **Collaboration:** How interested are you in this work and collaborating with PHSKC? How can PHSKC best work with HEARCAG on this work moving forward?
- **Policies/Interventions:** Are there any specific policies or interventions that you see PHSKC having a stronger influence on?



Thank you

- Community Check-in is on Thurs, Oct 3, 2024
- Transformative Justice training, 2nd cohort
 - Fri, Oct 11, 10 am to noon
 - Fri, Oct 18, 10 am to noon
 - Thurs, Oct 31, 10 am to noon
- HEARCAG agendas, roster, notes, meeting planning info, and past presentations are at:
<https://drive.google.com/drive/u/0/folders/1sVdWfiSfAN-fIZ2P9t9Gs0qwHIDm0Htr>.
- HEARCAG overview information is at www.kingcounty.gov/parcag

