

**Welcome!**

**Health Equity & Anti-Racism Community  
Advisory Group (HEARCAG)  
March 2026 Community Check-In**

Program Start between 9:15-9:30am  
Facilitated by: thy nguyen

**Take a moment.**

Where are your feet?



# Welcome Guests & Introductions

Name, Pronouns, Organization

*What are you eager to learn or do today?*

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.

# Group Norms

**What values or practices do you want to hold together in this space?**

Housekeeping / access notes

***From prior retreats:***

Rooted in relationship

Decenter whiteness

Strive for transformation – not reformation

Intersectionality

Honesty

No One Spokesperson

Take Space/Make Space (pink & yellow flower)

Constructive criticism\*

# Today's Agenda

## Offering

Jesse Jackson, "Keep Hope Alive."

## Team-Building

"Treasure Chest" icebreaker activity.

## Policy Committee

Presentations & Mixer.



## Spotlight Topic

Holistic Health & Well-Being.

If time allows

## SWOT-WE Review

Evaluate our collective impact.

## Networking Lunch

Welcome new friends!

# Jesse Jackson

*Rest In Power*

“Keep Hope Alive”



Snippets from Jesse Jackson's "Keep Hope Alive" speech delivered at the 1988 Democratic Convention.

**Join a table  
with a purple  
bag.**

**Choose an  
object.**

**How does the  
object represent  
you or a part of  
your story?**

# HEARCAG Policy Subcommittee Presentations

We'll now hear from each Subcommittee:

- **PHSKC Budgeting**
- **Food Justice**
- **Community Wellness**

There will be 5-10 minutes of Q&A after each presentation.

# PHSKC Budget Policy Group



# Centering Community-Led Solutions to Create a Virtuous Cycle of Investments in Health

*A Vision for Improved Budgeting in King County and Washington State*

Health Equity and Anti-Racism Community Advisory Group (HEARCAG) – Malahat  
Mazaher

*“If the goal is health equity, long-term, consistent investment in BIPOC communities, not more punishment, is the only sustainable path.”*

**HEARCAG**

# The Problem: Spending More, Achieving Less

**\$5.3T**

annual U.S. health  
spending (18% GDP)

**Last**

U.S. rank among  
high-income nations

**3.3%**

of health spending  
goes to public health

**Medical care accounts for only 10–20% of modifiable health outcomes.**

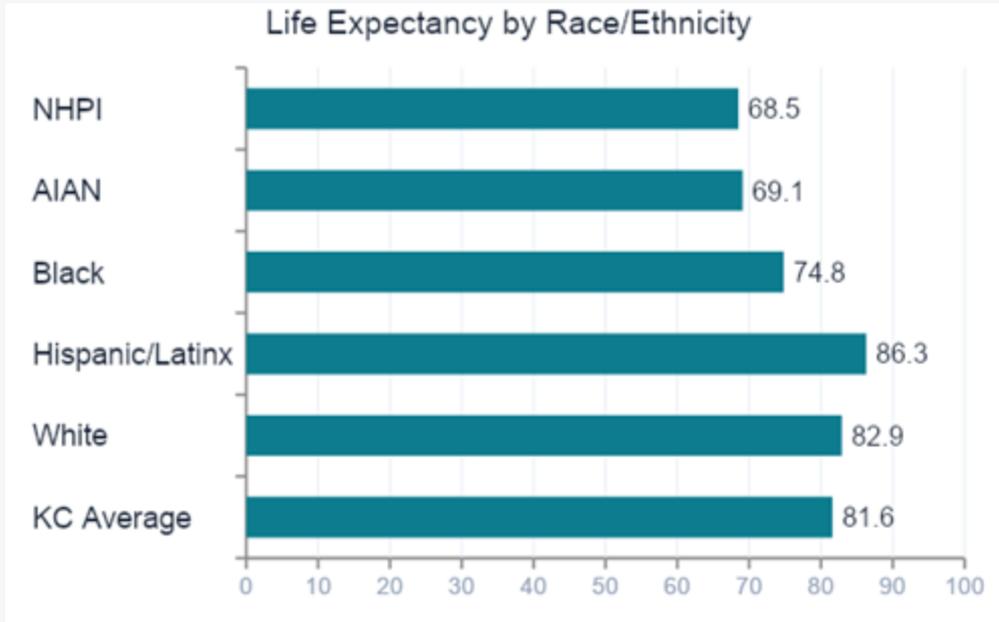
The remaining 80–90% are driven by social determinants: housing, income, environment, food access, and exposure to discrimination.

Life expectancy gap widened from 12.6 to 20.4 years (2000–2021) across U.S. population groups

*The Lancet, 2024*

*Draft Slides– For discussion purposes*

# King County: Stark Disparities by Race and Place



**13 years**

NHPI life expectancy gap vs. KC average

**15 years**

Gap: Auburn-South (74.8) vs. Seattle-UDistrict (89.8)

**-2 years**

Decline in Black life expectancy since 2016–18

**8 years**

Gap in WA's most vs. least environmentally burdened tracts

# HEARCAG's Five-Pillar Budget Framework

1

## Lead with Anti-Racism

Align budgets with  
crisis declaration;  
reparations lens

2

## Center BIPOC Experiences

Permanent  
investment in high-  
need communities

3

## Shift Power & Money

Participatory  
budgeting;  
transparent reporting

4

## Equitable Funding

Simplified contracting;  
stable multi-year  
funding

5

## Address Root Causes

Progressive revenue;  
divest from punitive  
systems

*Grounded in 5+ years of community advisory work and King County's 2020 declaration that racism is a public health crisis.*

*Draft Slides– For discussion purposes*

# The Vicious Cycle: Carceral Systems Harm Health

## Washington & King County

- Black Washingtonians incarcerated at 5x the white rate
- Native Americans at ~4x the state average
- Black individuals: 30% of KC jail population vs. 7% of county
- Same communities bear worst health outcomes: South Seattle, Auburn, South KC
- Black mothers die at 3–4x the rate of white mothers in KC

## Health Harms Across Generations

- High-incarceration areas → increased cardiometabolic disease (even without direct contact)
- Jail cycling drove ~21% of COVID-19 racial disparity in Chicago
- Parental incarceration → depression, suicidal ideation in children
- Paternal incarceration → cellular aging in Black mothers
- LGBTQ+ incarcerated at 3–8x the general rate

***The criminal legal system is a structural determinant of health — its harms radiate through families, neighborhoods, and generations.***

*Draft Slides— For discussion purposes*

# Breaking the Cycle: Upstream Investment Models

*Draft Slides– For discussion purposes*

## Federal

- CMS AHC Model: screened 1M+ beneficiaries, reduced ER visits
- Healthy People 2030 – SDOH Priority Framework – fund allocations
- \$1 invested in prevention returns ~\$5.60 in savings

## WA State

- FPHS: codified foundational public health services
- Never reached \$450M adequate baseline; cut \$24M in 2025–27
- Spends \$47K+/person/year on incarceration

## King County

- Best Starts for Kids: \$880M levy, 530K+ served
- Crisis Care Centers: \$1.25B behavioral health levy
- GBI Pilot: \$500/mo → employment & stability gains

*Proven models exist at every level — the challenge is scaling them with sustained, equitable funding.*

# BIPOC-Led Models: Community Solutions at Work

## Surge Reproductive Justice

### Community-directed policymaking

Doulas For All coalition passed ESHB 1881, enabling Medicaid doula reimbursement statewide — a concrete upstream policy victory driven entirely by community leadership.

**Model:** BIPOC communities setting the policy agenda, not just being consulted.

## Tubman Center for Health & Freedom

### First Black-owned, community-designed health center in WA

Developed through 24,000+ community touchpoints. Flagship center opens 2027 to serve 12,000+ patients. Model being documented for national replication.

**Model:** Health infrastructure designed, governed, and led by the community it serves.

***These organizations are not grant-cycle experiments - they are foundational health infrastructure.***

*Draft Slides— For discussion purposes*

# The Fiscal & Justice Case for Reallocation

## Cost of Punishment

**\$47,000+**

per incarcerated person/year in WA

## Return on Prevention

**\$5.60**

returned for every \$1 in community prevention

**BSK:** 169K individuals served/year via dedicated levy

**GBI:** \$6K/person/year → employment & stability gains

**Tax structure compounds inequity:** WA's lowest-income 20% pay 13.8% in taxes; the top 1% pay 4.1%. A 1% wealth tax could raise ~\$3B annually for upstream investment.

# Four Policy Imperatives

*Draft Slides– For discussion purposes*

1

## **Redirect Investment**

Achieve General Fund parity between Jail Health & community public health (\$50M each). Restore FPHS to \$450M baseline. Earmark progressive revenue for health with BIPOC priority.

2

## **Fund BIPOC-Led Infrastructure**

Simplify contracting; provide multi-year stable funding for BIPOC-led orgs. Scale BSK, Communities of Opportunity, GBI. Fund Surge & Tubman as permanent infrastructure.

3

## **Housing as Health**

Expand Housing First. KC's HTH: 95% maintained housing; hospital days -33%, ER visits -17%. 55% of HTH residents are BIPOC.

4

## **Fix the Data**

Mandate disaggregated race/ethnicity data. End NHPI/Asian aggregation. Fund community-based data collection. Publish equity dashboards accessible to communities.

# **The Models Exist. The Communities Are Ready.**

What remains is the political will to build a system that invests in the conditions producing health, not the systems that produce illness, incarceration, and early death.

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Progressive revenue · Rebalanced budgets · BIPOC governance ·  
Community-centered solutions

Health Equity and Anti-Racism Community Advisory Group (HEARCAG)

My life changed after  
I understood this scene.



Movie Name : Coach Carter.



# Food Justice Policy Group



# Community Wellness Policy Group



# HEARCAG Policy Subcommittee Mixer

1. Pick a policy table.
2. Get-To-Know-You Dice.
3. Share & learn about the subcommittee's work.

**We'll do 3 rotations so that newcomers can learn about each subcommittee.**

*\*10 min per rotation*

**Introducing**

**Evelyn Chow**

King County Impact  
Assessment Lead



Photo of Evelyn with a patterned shirt in front of a city landscape with the sunset shining on the side of their face. <https://iexaminer.org/author/evelyn-chow/>

**10 minute break**



# **A Spotlight Presentation by Pastor Lane**

# **Holistic Health and Well-Being**

**Strengths  
Weaknesses  
Opportunities  
Threats  
What Else?**

**Write:**

**On provided sticky notes, write your SWOT-WE thoughts for each policy group.**

**Post:**

**Paste your sticky note on the corresponding policy poster.**

## Bud

**What's something  
you're taking away  
from today?**

## Bloom

**What's something you  
want to contribute to  
our future?**

## Networking Lunch

Thank you HEARCAG!

Welcome guests!

