

DOH COVID-19 Vaccine Implementation Collaborative Minutes:

June 1, 2022 | 4:00pm – 5:30pm

I. Welcome & Land Acknowledgment – Priya Jayadev, Thought Partner

- This session was facilitated by Priya Jayadev, who is the Executive Director of Clallam Mosaic, an organization that serves individuals with developmental disabilities. Learn more about Clallam Mosaic here: <https://www.clallammosaic.org/>
- Check-in: *When you hear the statement, "Racism is a Public Health Crisis", what does that mean to you? How would you define it?*
 - *When anyone, any group of people, are not given equal access to any type of wellness or healthcare, anything that gives them a fighting chance to be the healthiest person that they can be, it affects everyone.*
 - *I would define racism (as a public health crisis) as the longest lasting and most persistent and consistent public health crisis in the US.*
 - *Even when services are available, some groups don't even have a chance to find out they can get help.*

II. Racism is a Public Health Crisis in Washington – Jan Marie Ward and Jeff Ketchel, Washington State Public Health Association (WSPHA)

- JanMarie Ward - WSPHA President-Elect
- Jeff Ketchel – WSPHA Executive Director
- Seth Doyle – WSPHA Secretary
- Jessica Guidry – WSPHA Board Member
- Julie Peterson – WSPHA Board Member
- Jenna Wilson – WSPHA Administrative Coordinator
- This discussion is an extension of last month's session. Please refer to the [presentation slides](#) and [meeting minutes](#) from the May Collaborative for a review of what was discussed.
- Please refer to this session's [presentation slides](#). The below notes highlight the summarized key points.
- WSPHA's mission is to work together to improve the health of all people, places, and communities in Washington.
- There are 240 jurisdictions that have declared that racism is a public health crisis and although this is not legally enforceable, they can certainly influence and drive change. This is how WSPHA intends to use their declaration and strategic plan and that's why they are presenting to the Collaborative.
- Although it is hard to see on the map in the slides, Alaska Public Health Association has also declared racism as a public health crisis.
- Why now? Racist policies and systems have left people behind and created barriers that prevent people from living healthy lives and being able to thrive in our communities. Public health has a role to play in addressing many public health issues, such as chronic disease, environmental concerns, and issues of prevention like commercial tobacco marketing strategies on certain populations and on our youth.

- Life expectancy increased dramatically in the 20th century because of advances in certain areas of public health (food safety, clean air laws, access to vaccines, etc.). As we continue into the 21st century, public health needs to turn its focus to addressing racism and structural and institutional inequities. We need to put the same level of vigor and resources as we did as the previous things in the 20th century.
- The first racist acts in this country were against native people. It is important to acknowledge that the American history of genocide and settler colonialism had a devastating effect on our tribal populations.
- This acknowledgment demonstrates a commitment to the process of dismantling the ongoing legacies of settler colonialism, and supporting tribal sovereignty, self-determination, and upholding government to government relations.
- WSPHA intentionally decided to lead with race but recognizes that there are other populations affected by bigotry such as LGBTQIA people, people with disabilities, and religious individuals. They know that their efforts will have implications for all other groups that experience discrimination in the public health realm.
- The strategic plan has three aims that are part of their strategic priorities: community and member engagement, organizational growth and sustainability, and diversity, equity and inclusion.
 - These are a part of every actionable commitment: advocacy, education, allyship, and accountability.
- Advocacy
 - WSPHA is a 501c6 nonprofit, so they can be politically active. According to a survey of their members, advocacy was the most important issue. Therefore, advocacy was the first piece of the action plan.
 - They want to focus on advocating for anti-racist policies at the state, federal, and local level and show other organizations that they may not have traditionally worked with (police chiefs, judges, etc.) that anti-racist legislation is in everyone's best interest.
- Education
 - We have already educated the public about some public health issues (such as why seat belts and vaccines are important), so the next step is to educate the public health system about the impacts of racism on public health.
 - We should use data to show that because of structural, institutional, and environmental racism, there is more illness and injury and premature death in communities of color.
 - If this data doesn't exist, we need to find out where we can get that data created in order to present the problem.
- Allyship
 - WSPHA knows they don't have all the answers, so they want to be supportive and go to where they would provide the most help, the best ear, or the best voice.
 - They want to connect with other organizations and join in their fight for equity. Some of these actions may include signing on to letters of support or joining groups or supporting them in their activities.

- Accountability
 - Much of accountability is about power and whether those in power are willing to share it. WSPHA is committed to listening more than they talk, working side-by-side with those with less power, and recruiting diverse staff and board members.
 - WSPHA wants to be held accountable for these ideals, for the resolution, and for the work they are conducting.
- For questions about this presentation, please email WSPHA at info@wspha.org
- **Below are some links shared by WSPHA:**
 - WSPHA Racism Resolution and Action Plan: <https://drive.google.com/file/d/1GnutkWzgjwLCzEAdA81-gZx7KxHfkhxe/view>
 - WSPHA homepage: <https://www.wspha.org/>

III. Small Group Discussions

- Collaborative Space transitioned to breakout rooms based on the strategies identified in the [WSPHA Resolution and Action Plan](#): advocacy, education, allyship, and accountability.
- Small group discussions provide an opportunity for partners to connect in smaller spaces and share their vision, perspective, insights and feedback.
- **Overall Questions:**
 - *What are your reactions or thoughts related to the resolution + action plan?*
 - *Are there existing projects or programs with similar strategies and actions that WSPHA should be familiar with and/or connect with?*
 - *Would you like to work with WSPHA and if so, how? How can we keep you best informed of this work?*
- **Breakout Room Specific Questions**
 - *Accountability: What recommendations do you have so that WSPHA's actions model strong EDI leadership in transforming our public health system? How can power be shared?*
 - *Advocacy: Are there initiatives or legislation (local, state, or federal) that should be proposed or supported by WSPHA?*
 - *Allyship: How can WSPHA best support your efforts to eliminate racism?*
 - *Education: What educational resources (trainings, webpages, etc.) should WSPHA be sharing with its audience?*
- **Accountability**
 - **What are your reactions or thoughts related to the resolution + plan?**
 - *Q: I really like all the resolution components. But since there are so many things mentioned, I wonder if there is or was an opportunity to prioritize them?*
 - *A: WSPHA is in the process of aligning the action items with the strategic plan. In terms of EDI (Equity, Diversity, and Inclusion), they are ahead. WSPHA needs to establish new goals but for now, they are meeting with folks to get*

feedback. Thoughts and ideas from partners would be helpful as a part of the planning process.

- Accountability may need to be weighted according to different factors/privileges. WSPHA clarified that for accountability, it is about ensuring that WSPHA is held accountable.
- *When you think of racism, you think of institutions. We need to figure out ways we can tackle these systems without getting discouraged.*
- Suggestion: Create an internal training on how we deal with individual racism. That is part of accountability, but it also ensures that people have the necessary tools and knowledge.
 - Another partner pointed out that there is a lot of training already available. Usually, people who attend the trainings are those who already have the knowledge or interest.
- Accountability goes both ways. *How do you hold people with power accountable? How can we hold people with power accountable when we do not have power?*
 - Partners expressed a desire for WSPHA to develop an action plan to raise accountability. Some people do not feel they can be empowered.
- The reason the WSPHA facilitator volunteered to be in WSPHA was that the membership/board was not diverse nor was its content and they felt like the board needed to be more diverse. There is a benefit for training in those settings.
 - It also needs to be made certain that there is representation in this setting, which is one of their strategies: recruit and sustain a diverse board and foster a diverse membership.
 - Awareness is a factor because although we may come from different backgrounds, we know that this work is important.
- Suggestion: Add one more item to the action plan to identify the cause of structural barriers then develop strategies to dismantle them. There might be another level of action required in this.
- People need to be in positions of power to make change. There needs to be a plan to hold ourselves accountable and be held to it. Otherwise, it is like a booklet that we put on the shelf.
- To be truly anti-racist, we need to be anti-capitalist. The word "race" has changed over time. It is a tool or mechanism of capitalism.

- Racism comes from families and churches. Not just the boardrooms, but also the bedrooms, and the church rooms. The structural changes that are suggested in the resolution will not affect individual racism. We can see outcomes with health care by looking at diagnostic and clinic codes and can target practitioners just by using that.
- WSPHA clarified that racism is pervasive and is in all our systems and so we must look at what OUR (public health's) role in public health is.
 - *How do you look at public health from a cultural perspective? In some cultures, you do not criticize the mother because the mother is the lifegiver. What does that mean? What is the public health role in protecting our families? What is the role of public health to ensure that we have diverse representation, cultural perspectives, and racial perspectives that are invited into our association and in our decision-making? There is not just one way. There is much more value around lived experience these days than perhaps 2 years ago.*
- We need to embrace critical race theory to give context to our history. Liberal folks have shied away from this due to criticism from the right.
- **Are there existing projects or programs with similar strategies and actions that WSPHA should be familiar and/or connect with?**
 - Younger people should lead. Seattle Young People's Project may be an option. Something like a Zoom meeting would be very accessible to connect with youth and then they can connect with other groups.
 - We need to look at best practices and if we are using common terminology.
 - We should look at our audience. We should look at the broad population but focus on what groups (like youth) can help us make change. On the accountability plan, perhaps one of the questions would be "Are we engaging youth?"
 - Racism is definitely public health, and we should use data to illustrate that, but there are still accessibility issues with it that need to be addressed.
 - How can we have more conversations to generate more ideas for actionable plans?
 - Sometimes wording makes a difference.
 - We do what we can, then we try to encourage others to join our cause. For those who do not have time, do not stop asking them. They may change their mind.
 - Turn this into a majority issue.

- Do things as a community. Allyship is seminal to understanding how accountable we are to the purpose and goal.
- How do we define allyship so that we can be accountable?
 - Co-accountability. We need folks who are ready and who know what they can and can't do. We need a co-conspirator not an ally.
 - Allyship and accountability go hand-in-hand.
 - The question becomes "how can we become more tangible?". We are good at making things sound great and aligning ourselves, but we need to get more granular.
- One partner expressed appreciation for sharing the conversation.
- How are we seeing allyship and accountability intersecting and are we advancing in each of the different areas? Do our strategies around accountability also advance what we are saying we are going to do in allyship?
 - We should think about future generations in how we do this work as well.
 - WSPHA said they will be thinking about terminology and what these words mean.
- Terminology is important because it has been used in public health to justify racist practices.
- **Advocacy**
 - **What are your reactions or thoughts related to the resolution + plan?**
 - One partner's initial reaction is that this took too long but this is a step in the right direction and doesn't want to see this movement go backwards.
 - *It is a step in the right direction; however, I wonder how much it will actually help.*
 - Advocacy in its full force needs to be brought to the healthcare system to make headway in this issue. This is just a step towards addressing racism as a public health crisis.
 - One example was when vaccines were first being given out: The head of the UW hospital was vaccinated before the front-line workers and part-time staff at the hospitals and clinics.
 - Some of the language points to specific health outcomes as indicators of the brokenness of our system for how racism can become internalized, but it's not just about medical health.
 - Racism goes beyond public health outcomes like access to services.

- When we experience and perceive racism it impacts our mental health, resiliency, personal beliefs, etc. and this in turn impacts our overall health.
- People of color aren't treated equally by medical professionals, and it can cause traumatic experiences. We see this racism with prescribing medication and how willing doctors are to prescribe to white people vs BIPOC. Healthcare is a right for every human being, and everyone needs access.
- *I read this resolution and thought, "Where have you been all this time?" It's taken so long for us to get to this point where we can acknowledge it.*
- *Blatant racism, institutionalized and internalized, does affect physical and mental health and has consequences that still impact us years later. I'm so glad to see WSPHA has made this declaration.*
- **Are there existing projects or programs with similar strategies and actions that WSPHA should be familiar and/or connect with?**
 - Foundations in the non-profit sector: Community foundations, large foundations at the state and local levels are driving their own DEI strategies, so it would be interesting to partner with them and learn about which organizations they're funding/highlighting.
 - Existing BIPOC organizations and communities: We often look at this from a deficit mindset but there are many things that BIPOC organizations and communities are succeeding at to celebrate. We need to acknowledge the work that they are succeeding at so we don't reinvent the wheel but so we use these successes to inform our work as well.
 - We should acknowledge and consider that "evidence-based" strategies and interventions may not work for all communities, depending on what populations and cultures were included in the evidence. We should aim for *culturally-informed* evidence-based instead.
 - Partner with the Department of Corrections and with organizations focused on nutrition/healthy eating and clean water.
 - Community advisory boards: Meet with them to better understand what the needs are within communities instead of assuming you know what a community needs.
- **Would you like to work with WSPHA and if so, how? How can we keep you best informed of this work?**
 - Todd Holloway – Center for Independent Living
 - Staff meetings would be the best way to keep informed.

- Zsa Zsa Floyd - Lived Experience Coalition, Seattle King County Healthcare for the Homeless Council, PHSKC Racial Equity Coalition
- Maria Arns - Would like to stay informed
- What is the best way to keep informed?
 - Three partners voted for an email group
 - One partner requested social media posts to be able to share the work they are doing
 - WSPHA Facebook page: <https://www.facebook.com/WSPHA>
 - Several partners liked the idea of hosting a town hall meeting in your community, which would allow you to do outreach and get to know your neighbors and friends.
- **Advocacy-specific question: Are there initiatives or legislation (local, state, or federal) that should be proposed or supported by WSPHA?**
 - There have been various declarations by various organizations about racism as a public health crisis, which was all jump started due to current events over the last few years (George Floyd, for example).
 - *When I think about this resolution, I think about what has spurred this motivation and make sure you partner with communities and get specific about certain strategies (like reducing gun violence, mass incarceration, police brutality, etc.) to support the statements made by APHA (American Public Health Association) about these issues.*
 - Create forward leaning legislation that assures equal access to the whole community. Set the goal clearly and represent the community by mirroring how the community looks. No one is invisible!
 - There needs to be more work to eliminate or address bias at the provider level in health care.
 - Declarations and guidance are good, but it's important to note that the racism experienced is at the provider level when receiving care.
 - Whatever can be done to continue to center the lived experience/expertise of POC as policies and statements are made would be extremely important. Unless you've lived it, it's hard to understand.
 - Carry and hear POC voices at the state level and to get the most support. For example, one partner invited Congressman Derek Kilmer to attend their Townhall meeting to hear the voice of multiculturalism and their issues and

interests. Sometimes this process is reciprocal if he needs us to voice and support their issues, it is mutually beneficial.

- Racism and maternal mortality is another big issue.
- **What does it mean to center POC voices in this work? What does that mean to you?**
 - Get input and incorporate the experiences and expertise of POC.
 - When writing policies/procedures they're being written from the perspective of the drafters. This will always leave out other perspectives.
 - Open their minds to be willing to create policies that are for the benefit of all people, not just white communities.
 - Change from a top-down approach to an approach that is curious and seeks to learn from the experiences in BIPOC communities. POC come to the table in order to check a box - it's a performative move.
 - There are also voices that have not been heard from yet.
 - Make the time for them to be able to take part. Having voices heard sometimes is meeting people when and where they are at, such as early morning and late evening times.
 - This may not be ideal for some.
- **Allyship**
 - **What are your reactions or thoughts related to the resolution + plan?**
 - *I would encourage the association to have a written and forward-facing definition of allyship, one that self-interrogates and even problematizes itself. Think about what it means both in theory and in praxis. It has to be from a reflective and self-reflective space.*
 - *I don't need another ally, I need a co-conspirator. Allies are folks that sit down and have empathy but when it's time to go home they can go home.*
 - *Overall, I can tell a lot of thought went into the resolution. With the 4 focus areas I'd like to see more tangible examples. For example, "When invited or appropriate, participate with BIPOC communities on action supporting health, anti-racism, diversity, equity, and inclusion". What does this mean in practice? It would be helpful to identify communities more specifically.*
 - Similarly, what is the balance between not inserting yourself but rather partnering and supporting agencies that are doing similar anti-racism work?

- It is important to be explicit in your language and say the words.
 - A partner gave a personal example: "I'm picking up meds for my friend Valerie because she doesn't feel safe after the January 6th insurrection"
- It would be good to ask the question of "Do our strategies align with what we say we are about in our allyship?"
- **Would you like to work with WSPHA and if so, how? How can we keep you best informed of this work?**
 - Dr. Valerie Hunt (Associate Vice President of Equity, Diversity and Inclusion at Seattle Central Community College and tenured professor in Applied Bachelor's Degree program in Applied Behavioral Science) is happy to facilitate WSPHA discourse at any level around this conversation.
- **Education**
 - **What are your reactions or thoughts related to the resolution + plan?**
 - We should utilize clinics and other forms of health care entities to introduce and share the resolution.
 - Q: How was the resolution drafted?
 - A: The board committee drafted the resolution, discussed it at the WSPHA conference, and held forums with partners across the state to provide thoughts and feedback.
 - *Many folks do not release what racism is and what is an action of racism. Many conversations cannot be had because individuals shut them down.*
 - The term racism scares individuals. Young individuals are leading the discussion. Racism and classism play out in work with the immigrant community.
 - WSPHA stated that they utilize the terms racism and white supremacy. These terms should make people uncomfortable, as should these conversations.
 - There are several definitions of race and racism (individual behavior vs how racism is embedded and plays out institutionally and structurally) and we need to be clear of how we utilize the terms.
 - Some barriers to doing this include lack of support for education and how to eliminate and address racism.
 - A partner from Pierce County shared about a recent proposal aimed at building education and training modules for behavioral health providers and practitioners about intersectionality, racism, multiculturalism. *It was a challenge to write and*

propose the grant. We declare declarations but no actions follow.

- One partner from BFHD (Benton Franklin Health District) works closely with Latinx community partners. Latinx community health workers are called “promotores” and they helped develop key engagement strategies for this community.
- The conversation related to racism now vs in the past has changed. Racism is related to power and prejudice. The conversation across communities should be that racism will be different! We should prioritize these conversations.
- Saying something like “your bias is showing” may be a little less triggering to some people when trying to get people to stop and think about what is happening.
- Education in public health needs to focus on providers/physicians. We should consider implementing mandated training on cultural and linguistic appropriateness, access, Washington State Department of Health, and racism.
- *We need creative solutions. We have coddled traditional solutions that haven't taken us anywhere. We are too worried about feelings and focus on the pacification of actions. This work should be uncomfortable. Why is someone born in 2002 and 1964 experiencing the same challenges?*
 - What has changed is the way we discuss racism. There are many more platforms to do so now.
- *I used this TED talk in a training for law enforcement. I recommend it: [Chimamanda Ngozi Adichie: The danger of a single story | TED](#)*
- Invisible racism infiltrates our systems (in policies and historical practices) and is detrimental to our health.
- Trust the community! The weight of this work is put on communities without removing barriers or allocating scarcity funding. We have been brought into these discussions to provide feedback by government entities, but our feedback is radical. There needs to be a commitment from the government that pushes this work forward. These messages can be kept internally, not shared publicly on public platforms (on a webpage for example).
 - There is less grace given to the “middle” generations (people born between the Gen Z and Baby Boomer generations, for example). We need to recognize differences multigenerationally. The middle is still catching up while young folks are ready to “dismantle” these systems.
- Question to Lynese: *How would you start this conversation?*

- *A: I started an internship with a lobbyist. The Capitol lacks representation and diversity. I was discussing drug affordability one time and the lobbyist did not understand the impact on Black/Brown communities. I had to have this conversation and personalize it for individuals to understand. I talked about root causes of issues. Like, 'Why does this issue impact Black/Brown individuals? Why is insulin out of reach?' Diabetes largely impacts Black/Brown communities. This system is set up this way.*
- I am a first generation American and grew up in a migrant community. We have an obligation to educate our communities. We should consider that the older generation may hold on to internalization and think about how best to educate people. We should consider access issues such as literacy and language and provide different versions of the resolution in different formats.
- *We do lots of work targeting the symptoms of racism vs the root causes of these symptoms (where we should be doing more work).*
- *We need to engage in generative conflict around these discussions. We don't get to the root of the issue in these conversations because there is no shared analysis and nor a shared value of the need for shared analysis for us to move together.*

IV. Closing Remarks

- Heather McGhee, author of *The Sum of Us*, will be a keynote speaker at the annual WSPHA conference in October, which will be streamed live.
 - i. Find more information about and register for the WSPHA conference here: <https://wspaha.memberclicks.net/conference-homepage>
- If you would like to connect with the Collaborative team, please email Vax.Collaborative@doh.wa.gov.