



HEALTH EQUITY ZONES INITIATIVE

Community Advisory Council
Wednesday, January 25, 2023

Relationship Building

- In small groups, spend a few minutes connecting with one another (doesn't have to be HEZ related!)
- Guiding questions (but feel free to use your own):
 - What is a wholesome childhood memory that you have?
 - What is the most thoughtful thing someone has done for you?
 - What is something embarrassing that happened to you in high school?
 - If you received a million dollars, what would you spend it on?
 - What would you rather be, the best at everything, and everyone dislike you or be the worst at everything and everyone like you.

Meeting Outcomes

Learn about the progress of rural, urban, and tribal subcommittees over the last two months.

Decision on Subcommittee Proposals for urban and rural zones.

Review and provide feedback on HEZ Nomination Form.

Community Agreements

- Assume positive intent.
- Acknowledge and accept impact.
- Be aware of the space you take up.
- Engage in dialogue – not debate.
- Hold yourself and others accountable for demonstrating cultural humility.
- Be open, transparent, and willing to make mistakes.
- Embrace the power of humble listening.
- Create trusting and brave spaces – where a little bit of discomfort is okay.
- Commit to having conversations that matter by speaking up to bridge divides.
- Define terms – don't assume that everyone knows specialty acronyms or terms.

Jamboard Activity Group Reflection!

https://jamboard.google.com/d/1xwxbNGN_IJQxuW2ZZ84DqatgDizfrWhboYhvfcHAHmk/edit?usp=sharing

General Announcements & Updates

Community Workgroup Update

WHO

- There were 17 participants from across the state
- Including 2 new CW members

WHAT

- Staff shared the eligibility criteria and rural/urban definitions and gathered feedback
- CW members received the flyer for the HEZ Overview Sessions to support outreach efforts

WHEN

- Meetings take place on the 2nd Thursday of each month
- The next meeting is on Thursday, February 9 from 1-3pm
- Optional orientation for new members from 12:30-1pm

General Announcements

- HEZ Overview Sessions – January 26 & 31
- Proposed date for next CAC meeting – February 15th 2-5PM



10 Minute Break

Subcommittees



Zone Dedicated to Native Communities

- In collaboration with tribal community representatives, DOH is supporting the selection process of a zone that is specifically dedicated to native communities.
- Engagement with native communities has been led by tribal community representatives on the Community Advisory Council.
- The process is ongoing and still being developed by tribal community representatives with DOH staff support.

Rural & Urban Subcommittee Proposals

1.
Definitions

2.
Metrics

3.
Key Points

Key Discussions - Rural

- **Definition & Characteristics**
 - Travel distance and owning a vehicle being a big factor in access to services
 - Availability of services (e.g., homeless shelters and housing)
 - Community Workgroup provided input around public parks and recreational areas

- **Metrics**
 - Capacity of medical services and what types of insurance are accepted
 - Isolation of rural areas (especially in disasters)
 - Quality of services available often not represented in the numbers around access
 - Community experiences informing the data

Rural Definition

Rural is defined as remote areas on open land that are sparsely populated; small towns (places with fewer than 2,500 people); and larger towns with populations ranging from 2,500 to 49,999.

Rural areas also have *one or more* of the following characteristics. This is not an exhaustive list of characteristics and interested communities do not need to meet all characteristics.

Environment

- Remoteness of location and geographic isolation; further proximity to quality resources; presence of open countryside and natural resources; varied access to public parks and recreational areas; household use of wells for drinking water; and/or prevalence of air and water pollution associated with agricultural and manufacturing industries.

Public Access

- Limited availability of public transportation and reliance on personal vehicle; difficulty meeting basic needs such as food and housing due to limited availability of resources; lack of availability of support services for houseless individuals; long distance travel to access medical and behavioral health care services; and/or impacts to service accessibility due to seasonal changes.

Rural Definition (continued)

Economy

- Major industries are agricultural, forestry, and manufacturing; limited options for educational attainment and employment opportunities; and/or out-migration of highly skilled workers.

Technology

- Limited access to reliable broadband; less ownership of computers and other electronic devices; and/or less reliance on electronic devices to receive information.

Culture

- Slow-paced way of life; strong relationships between people; willingness to help others in distress; and/or limited access to culturally and linguistically relevant resources.

Data Profile Metrics for Rural Zones

Demographics

Population size and number of households

Race and ethnicity

Gender

Age groups

% of population living with disability

% of population with limited English proficiency

Life expectancy

Socioeconomic Status

% of population experiencing poverty

% of population with post-high school education

% of population that is employed

% of houses unoccupied

Major industries/occupations

Crime rate

Health Disparities

Provider-to-population ratio (federally-qualified health centers: primary, mental, dental)

% of population without health insurance

Limited access to healthy food retailer

Vehicle crashes involving death or serious injury

% of births without prenatal care initiated

Location of medical services (federally-qualified health centers, ED, specialist, trauma)

Designation as a Health Professional Shortage Area

Key Discussions - Urban

- Definition & Characteristics
 - Clarity that one community does not need to have all of the characteristics
 - Urban communities look different across the state
 - Lack of centralization of services (health related and non-health related)
 - Community workgroup provided input around differences in public access across neighborhoods
- Metrics
 - Disparities in chronic illness and COVID-19 (long wait times to access services)
 - Connecting metrics to definition and priority populations from the criteria
 - Availability of culturally appropriate services often not represented in the numbers around access
 - Community experiences informing the data

Urban Definition

Urban is defined as densely populated areas of 50,000 people or more with at least 1,000 people per square mile and the surrounding suburbs.

Urban areas also have *one or more* of the following characteristics. This is not an exhaustive list of characteristics and interested communities do not need to meet all characteristics.

Environment

- Residential crowding; increased risk of disease outbreaks associated with population density and environmental contamination; reduced tree canopy coverage and usable green spaces; varied access to public parks and recreational areas; prevalence of air and water pollution associated with urbanization; and/or depletion of natural resources.

Public Access

- Close proximity to public transit, international airports, railways, seaports; presence of large public education and healthcare institutions; service shortages associated with population density, and/or availability of healthy food options varies by neighborhood.

Urban Definition

Economy

- History of redlining or residential displacement; high cost of living relative to income; competition for employment; and/or major employment industries are finance, science, and technology.

Technology

- Availability of advanced technologies in healthcare and communications; rapid means of communicating information; decentralized/fragmented communication systems; multiple streams of information sharing; and/or access to computers and high-quality broadband varies by neighborhood.

Culture

- Fast-paced way of life; presence of cultural centers and culturally appropriate resources varies by neighborhood; diversity of people from different backgrounds and cultures; and/or neighborhoods with high proportions of immigrants, refugees, and asylum seekers.

Data Profile Metrics for Urban Zones

Demographics

Population size and number of households

Race and ethnicity

Gender

Age groups

% of population living with disability

% of population with limited English proficiency

Life expectancy

Socioeconomic Status

% of population experiencing poverty

% of population with post-high school education

% of population that is employed

% of population with housing costs that exceed 30% of income

Health Disparities

Provider-to-population ratio (federally-qualified health centers: primary, mental, dental, specialist)

% of population without health insurance

Average level of air pollution (PM 2.5)

% of infants born with a low birth weight

Designation as a Health Professional Shortage Area

Death rate from chronic illness (cardiovascular, diabetes, chronic respiratory, kidney, cancer)

Death rate from COVID-19

Hospitalization rate from mental illness or substance use

Decision on rural and urban subcommittee proposals

Eligibility Criteria

Eligibility Criteria. The Health Equity Zones Initiative will support communities in identifying pressing health concerns and building collaborative partnerships to address their unique needs. Community members interested in nominating their community as a Health Equity Zone are encouraged to complete the HEZ Nomination Form.

For communities to be eligible for nomination, they must meet the following criteria:

- Community **must be geographically defined and connected**. A zone should be small enough for focused solutions.
- Nominators must indicate whether their community is rural or urban based on the definitions provided.
- Nominators must live in Washington state and have a demonstrated connection to the community being nominated. Those who live in Washington state seasonally or as temporary/migratory farm workers are eligible.

Zone Selection Priorities. The zone selection process will prioritize communities most impacted by health inequities. This includes communities with significant populations that identify as black, indigenous, and people of color; immigrants, migrant farmworkers, refugees, and asylum seekers; low-income, unhoused, and under-resourced; living with disabilities and mental illness; elders or seniors; LGBTQIA+ and/or having limited access to healthcare.

Nomination Form

Next Steps

- **Preparing for the launch of the nomination process in February!**
 - Revising the nomination form with CAC feedback
 - Gathering input on the nomination form from the Community Workgroup
 - Outreach efforts to kick off mid February (more details to come)
- **Next CAC meeting rescheduled for February 15, 2023**
 - Finalize the review and selection process



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Planning for another in-person meeting!

Dates: May 24-25, 2023

Meeting Outcomes:

- Relationship building
- Selection of zones

Logistics:

- Lodging will be provided
- Members will be provided travel reimbursement
- Fill out statewide vendor registration and non-employee travel authorization forms
- Hybrid option will be available

Group Feedback (please complete poll by 2/5):

- Location
- Dates
- Accessibility support