



Advancing the Response to COVID-19: Sharing Promising Programs and Practices for Racial and Ethnic Minority Communities
A Virtual Symposium Hosted by the HHS Office of Minority Health

STATE/TERRITORIAL/TRIBAL PERSPECTIVES ON COVID-19 AND HEALTH EQUITY

Using Data to Inform Equitable COVID-19 Response and Recovery



OFFICE OF THE
ASSISTANT SECRETARY FOR HEALTH





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This virtual symposium is presented by the
HHS Office of Minority Health

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2020



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PRESENTERS

- **Moderator: Veronica Vital**, PhD, MSN, BSN, RN, Clinical Assistant Professor, College of Nursing, University of Arizona
- **Matías Valenzuela**, PhD, Equity Director, Public Health - Seattle & King County, and Director of COVID-19 Community Mitigation and Recovery
- **Vivian Lasley-Bibbs**, MPH, Branch Manager and Epidemiologist, Office of Health Equity, Kentucky Department for Public Health



OBJECTIVE

- Highlight state and local efforts to collect, analyze, and utilize data to inform COVID-19 crisis response and recovery efforts for racial and ethnic minority populations.



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Addressing Inequities, COVID-19 and Racism

Office of Minority Health COVID-19 Virtual Symposium

Matías Valenzuela, PhD

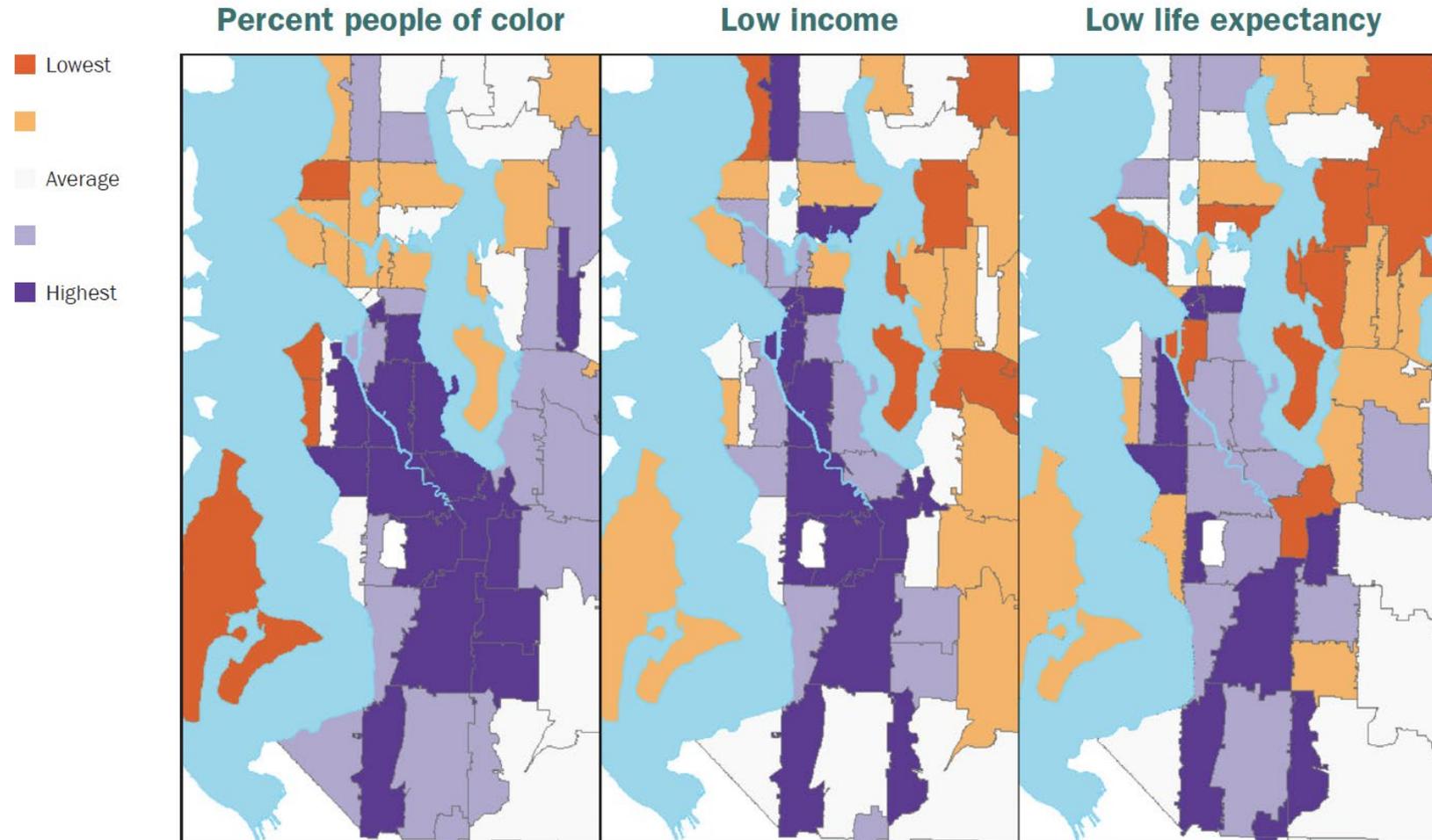
Equity Director, Public Health – Seattle & King County

Director, Community Mitigation and Recovery, COVID-19 Response

Public Health 
Seattle & King County

Seattle & King County in Context

A strong connection exists between health, income, place, and race



Source: King County Equity and Social Justice - <https://kingcounty.gov/equity>

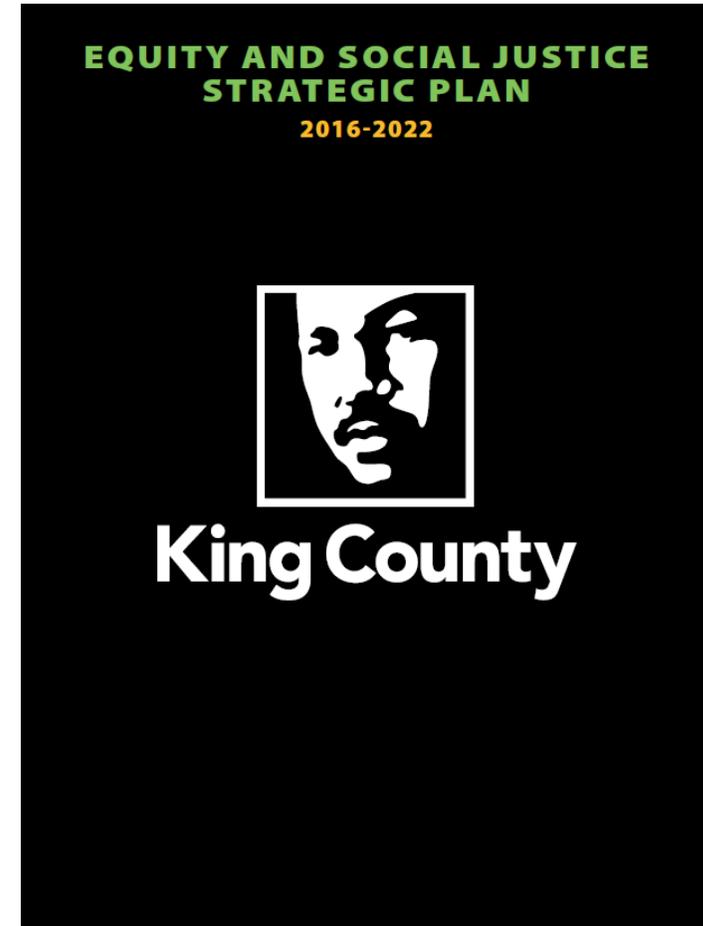
Equity and Social Justice Strategic Plan

Vision:

- A King County where all people have equitable opportunities to thrive.

Values:

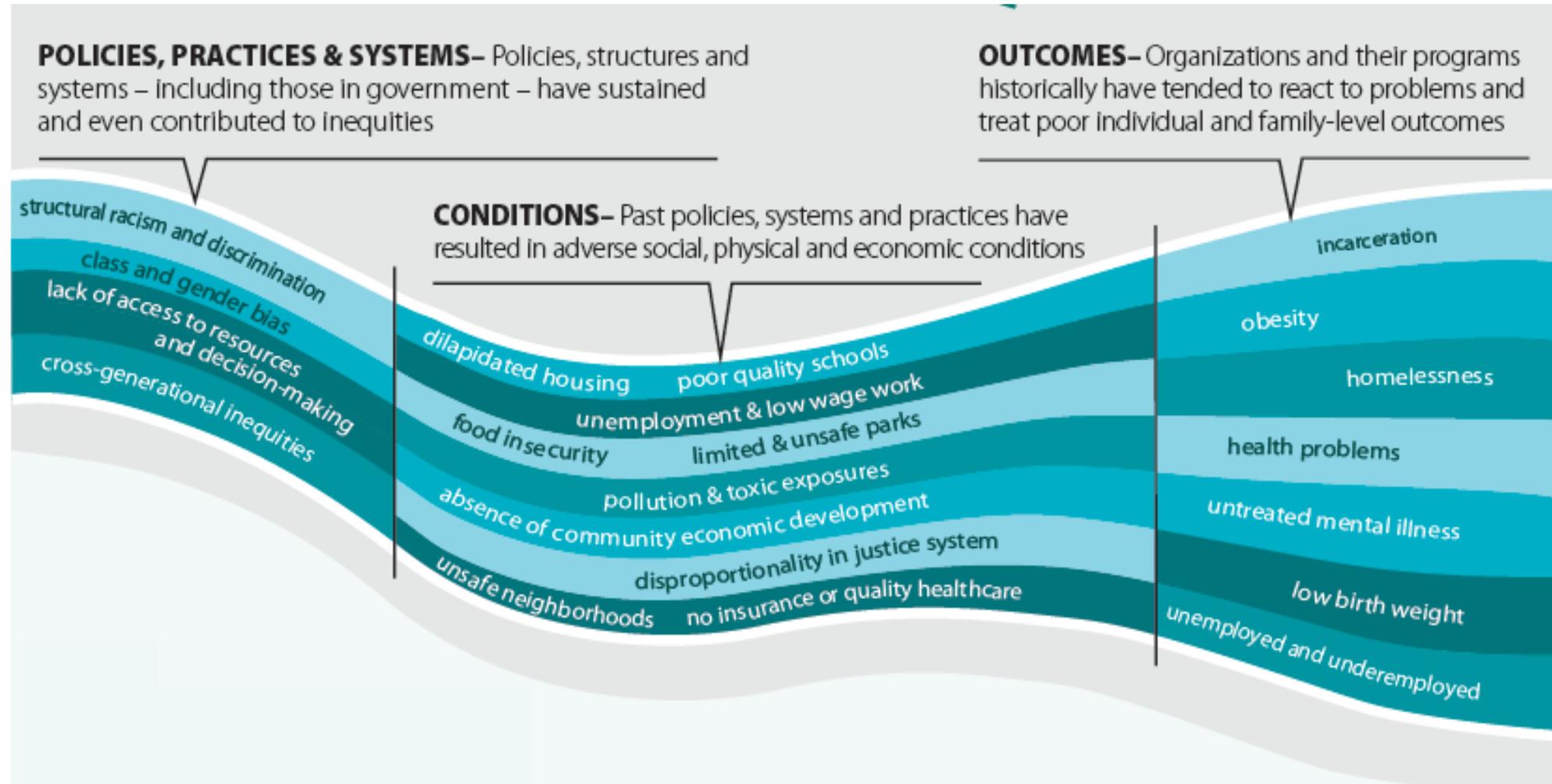
- Racially just
- Inclusive and collaborative
- Diverse and people-focused
- Responsive and adaptive
- Transparent and accountable
- Focused upstream and where needs are greatest



Source: <https://kingcounty.gov/equity>

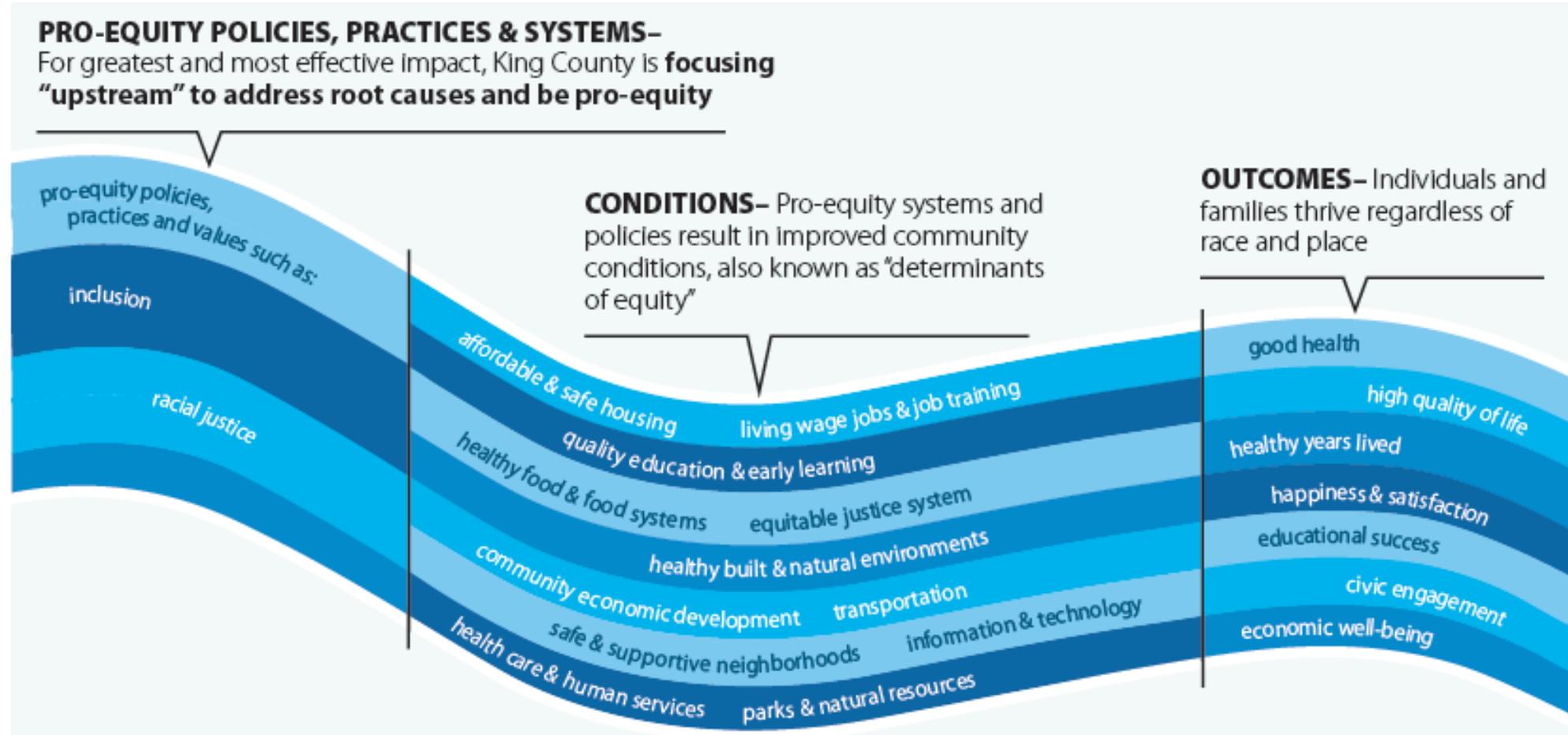
Anti-equity Systems

An “unhealthy stream” creates inequities

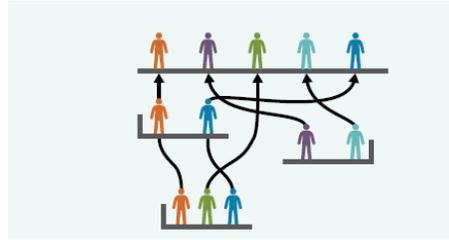


Pro-equity Systems

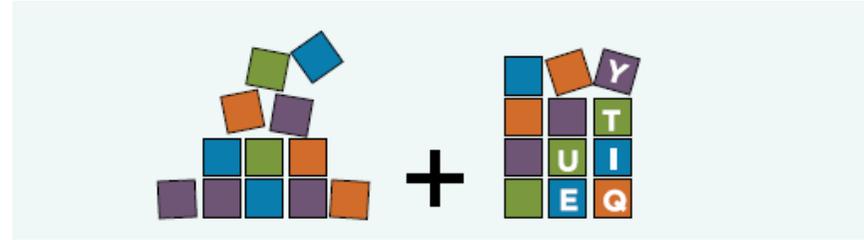
A "healthy stream" creates equity



Pro-equity approaches



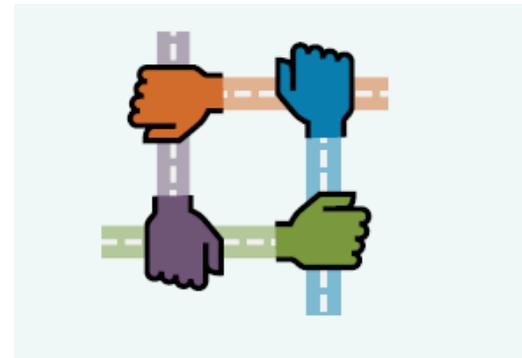
Targeted universalism



Dismantle systems of injustice



Focus on people and places with greatest needs

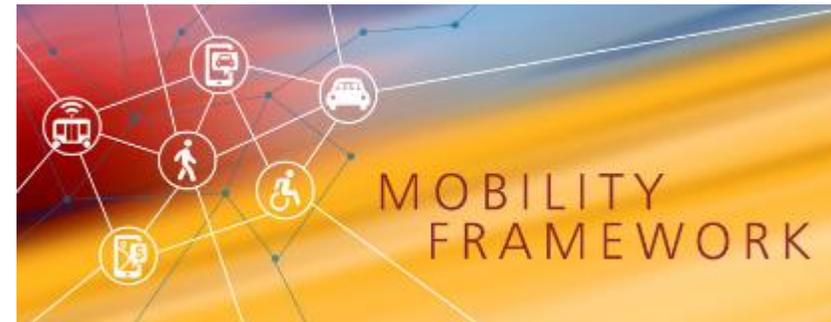
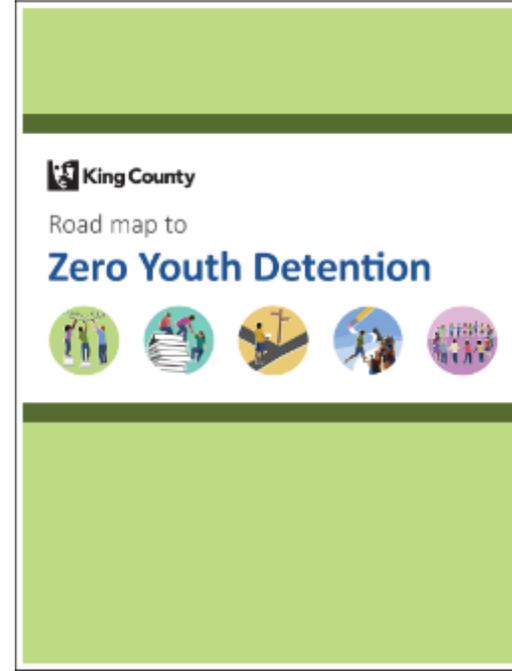


Process equity

Examples



Best Starts for
KIDS



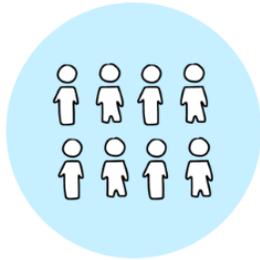
COVID-19: Data Tool

Homepage Summary Older adults Health conditions & pregnancy Race & Ethnicity Poverty, language & access to ... Students & families

Data tool: Communities in King County that may be more impacted by the new coronavirus (COVID-19)

Click on an icon below to view data on each population or topic

Older Adults



High-Risk Health Conditions and Pregnancy



Race and Ethnicity



Poverty, Language, Access to Care



Students and Families



View Summary of Data Tool

View Definitions

View Data Sources

Older adults:

- West Seattle, Downtown Seattle, and Shoreline neighborhoods had the largest numbers (more than 13,000) of older adults

Populations with health conditions:

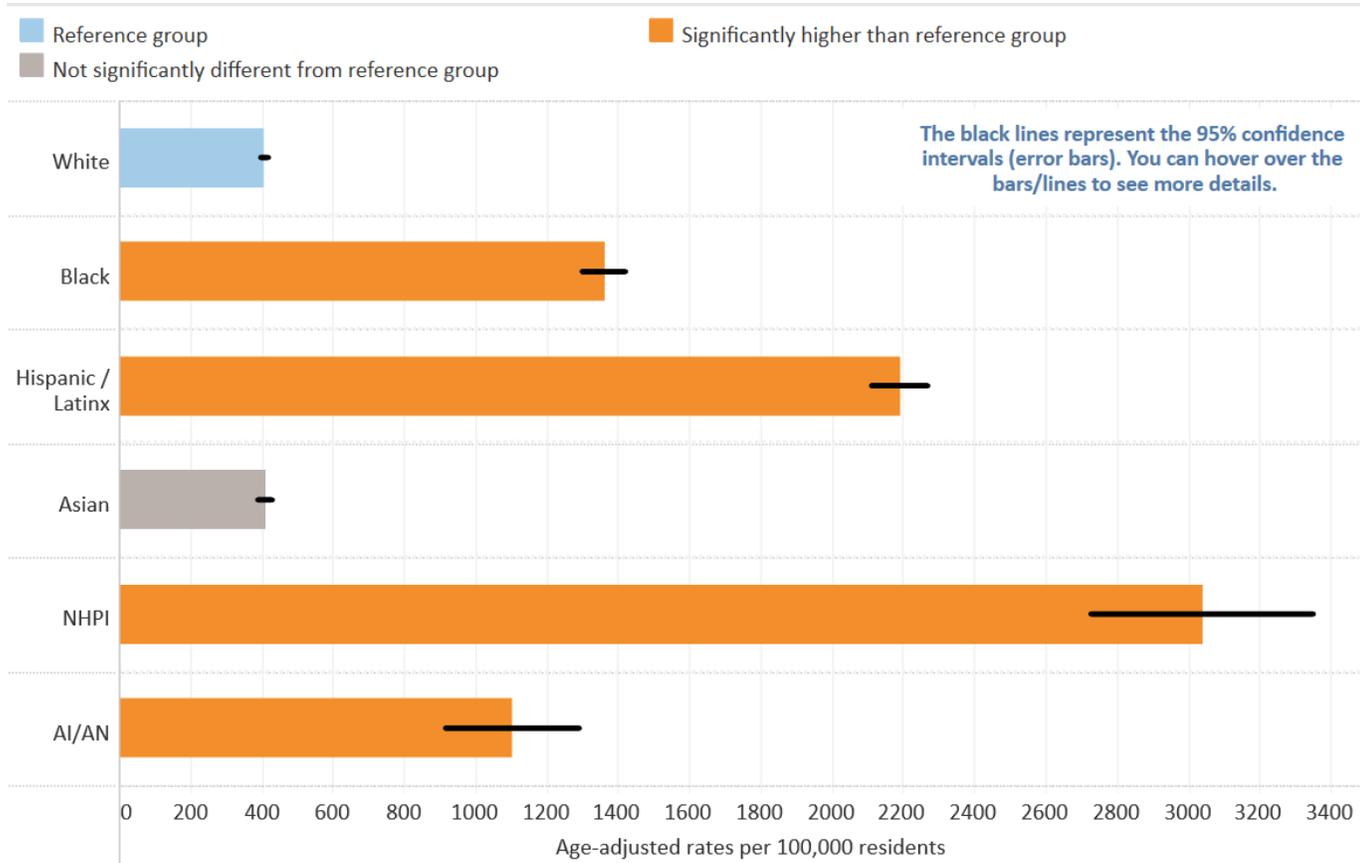
- AI/AN adults in King County had the highest rates of high-risk chronic conditions (37%), followed by Black adults (26%) and multiple-race adults (24%)

Access to care

- Hispanic/Latinx (28%) and American Indian/Alaska Native (21%) adults are the most likely to be uninsured
- 32% of Asian residents and 28% of Hispanic/Latinx do not speak English very well

COVID-19 in Seattle & King County

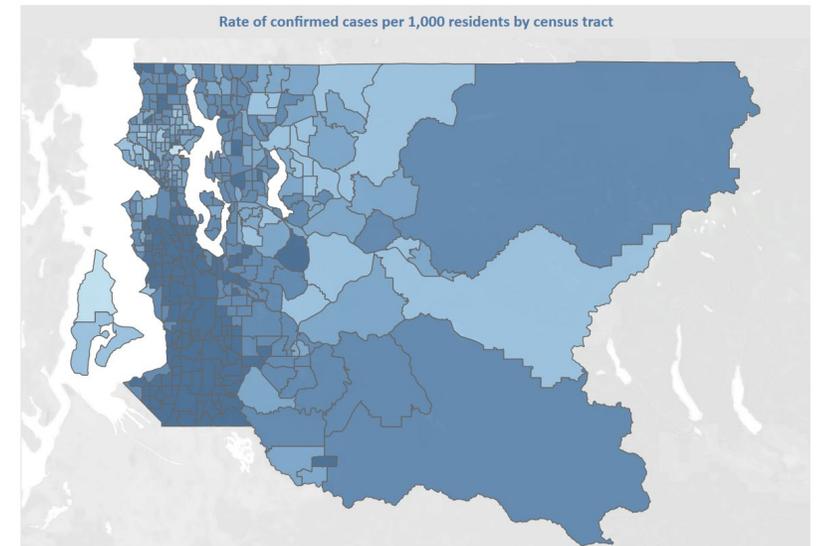
Confirmed cases per 100,000 residents (age-adjusted)



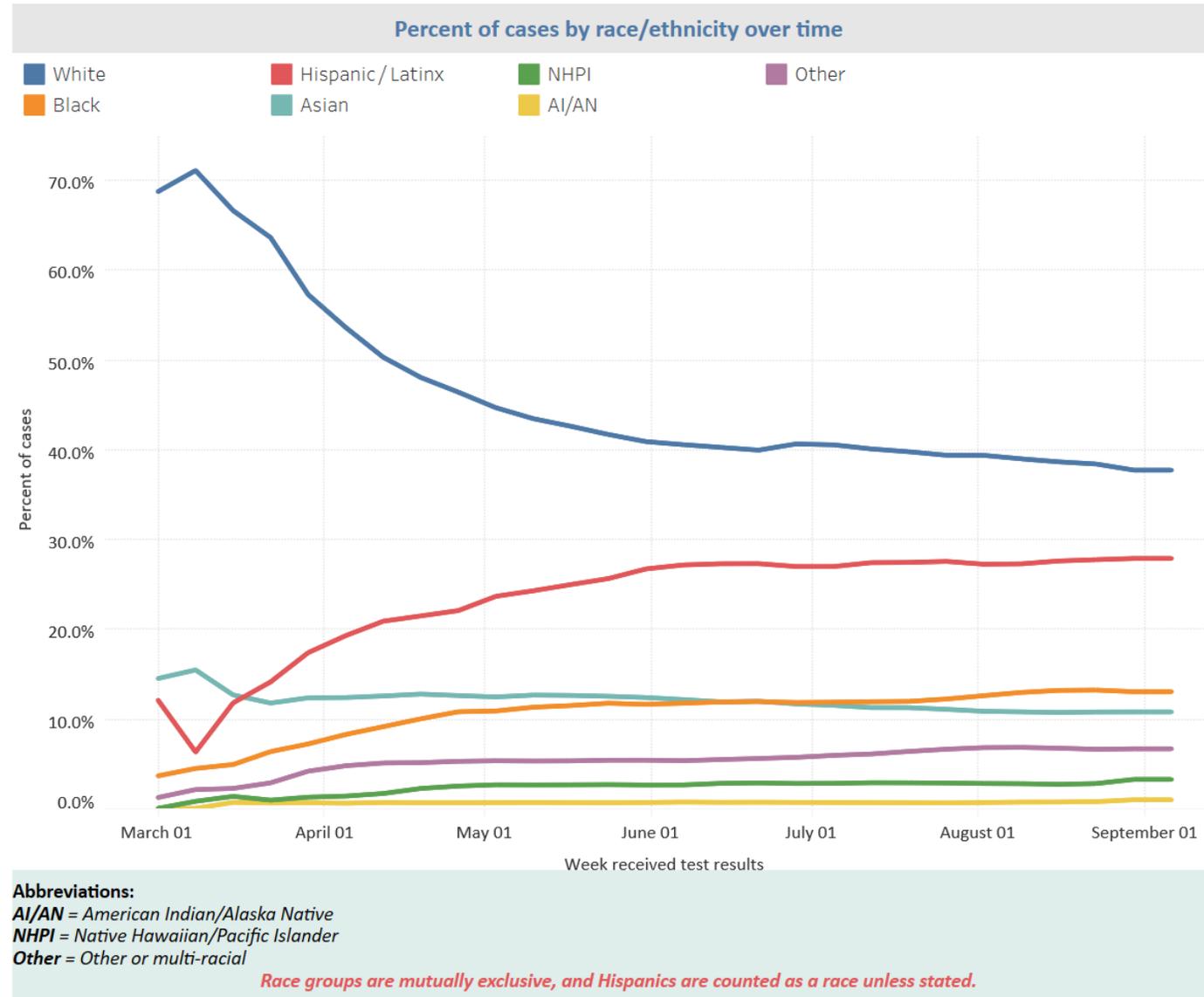
Cases missing age were excluded from this analysis so overall counts may be different.
Rates are age-adjusted using the King County 2019 population.

Abbreviations:
AI/AN = American Indian/Alaska Native
NHPI = Native Hawaiian/Pacific Islander
Other = Other or multi-racial

Race groups are mutually exclusive, and Hispanics are counted as a race unless stated.



COVID-19 in Seattle & King County



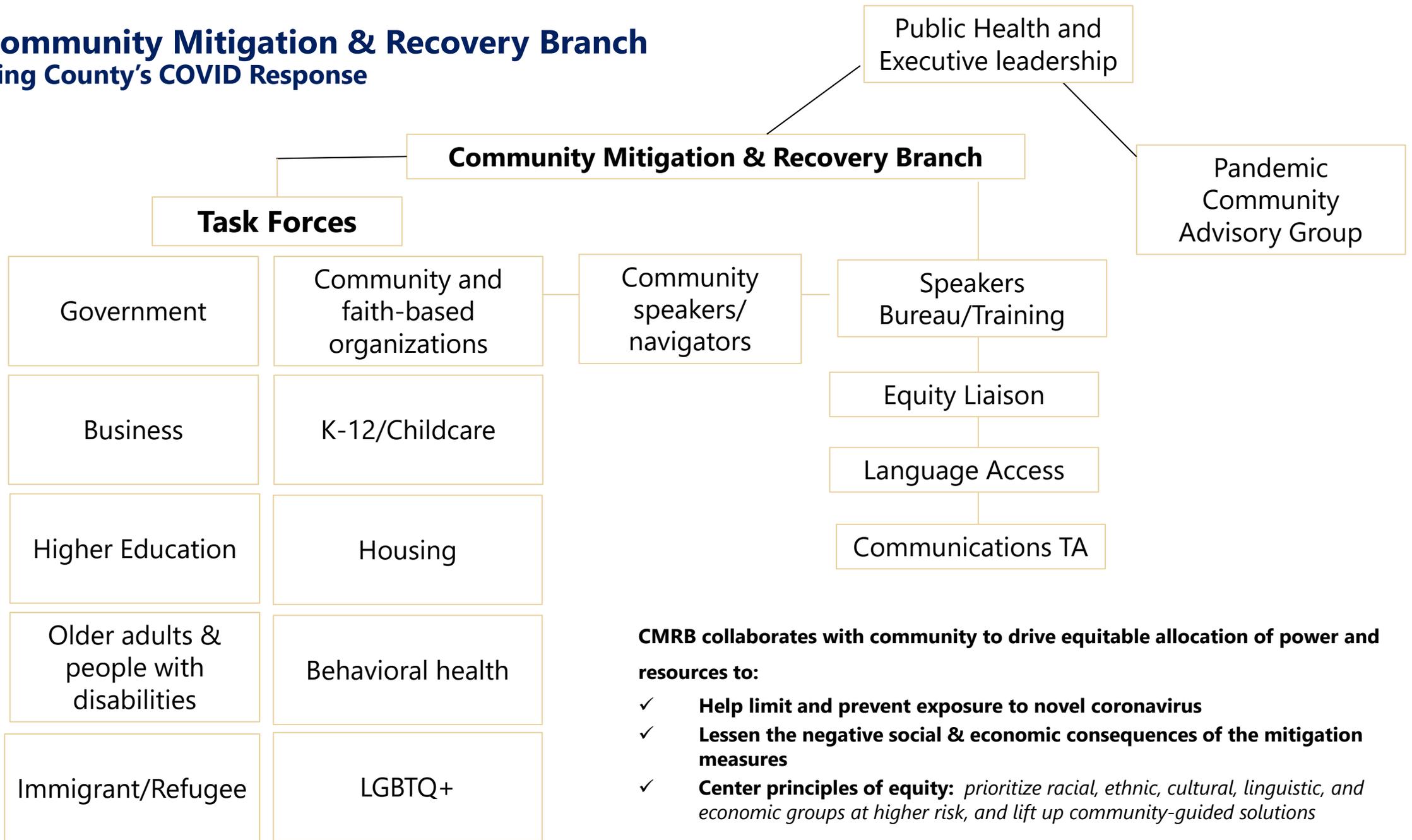
Conclusions from Data

From an equity perspective, key areas of concern in the COVID-19 pandemic include:

- ✓ Health care access
- ✓ Underlying health conditions
- ✓ Root causes / social determinants of health
- ✓ Living and working conditions
- ✓ Essential workers

Community Mitigation & Recovery Branch

King County's COVID Response



CMRB collaborates with community to drive equitable allocation of power and resources to:

- ✓ **Help limit and prevent exposure to novel coronavirus**
- ✓ **Lessen the negative social & economic consequences of the mitigation measures**
- ✓ **Center principles of equity:** *prioritize racial, ethnic, cultural, linguistic, and economic groups at higher risk, and lift up community-guided solutions*

Key Takeaways

How can you concentrate your work on equity in times of crisis?

- ✓ Work at all levels, seek commitment from leadership, create tipping point
- ✓ Link your work to major policies, practices and strategic planning
- ✓ Lead work from values as well as empirical and qualitative data (community voice)
- ✓ Create and apply available tools and frameworks, such as Equity Impact Review Tool
- ✓ Focus on concrete, clear actions defined by those most negatively affected



“We will share power and resources and work on community-defined problems using community-driven solutions. We commit to working side-by-side with anti-racist organizations, driven by people most negatively impacted by racism. We commit to convening other jurisdictions and agencies across sectors and to creating shared, measurable accountability.

White privilege and anti-blackness cannot be fully addressed until the same systems that have “worked just fine” for white people while acting as the foot of oppression for indigenous, Black and brown communities are dismantled. In its place, we need new systems coming from the communities most affected by racism, oppression, and colonization.”

*King County Executive Dow Constantine
Public Health Director Patty Hayes
June 11, 2020*

<https://publichealthinsider.com/2020/06/11/racism-is-a-public-health-crisis/>

King County Equity and Social Justice

ESJ Strategic Plan and Tools

<https://www.kingcounty.gov/equity>

Communities Count

COVID-19 Vulnerable Communities Data Tool

<https://www.communitiescount.org/covid19vulnerable>

COVID-19 Dashboard

Public Health – Seattle & King County

<https://kingcounty.gov/depts/health/covid-19/data/race-ethnicity.aspx>

Health Equity Guide

Case Study on King County's Transformation of Practices to Advance Equity

<https://healthequityguide.org/case-studies/king-county-transforms-county-practice-to-advance-equity/>

Social Vulnerability Index: Using Data through an Equity Lens

Vivian Lasley-Bibbs, MPH

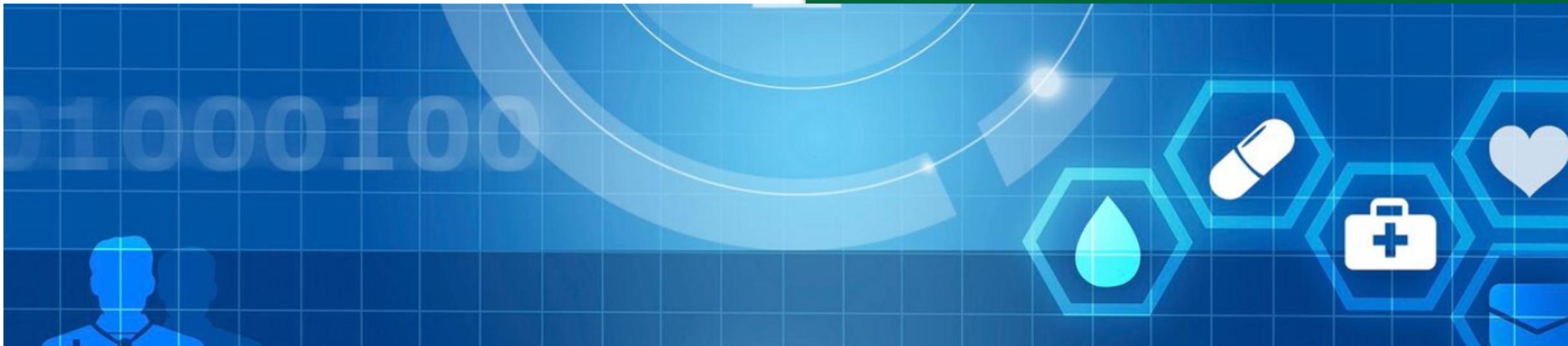
Response to COVID-19: Sharing Promising Programs and Practices for Racial and Ethnic Minority Communities.

9/17/2020



Kentucky Public Health
Prevent. Promote. Protect.





Data Portal

Welcome to the EHL data portal. The data portal is your gateway to access all the available data products. This includes queryable datasets, interactive maps, links to other useful data websites, and searchable access to queryable dataset metadata.



Community Snapshot Reports

Choose your community, run a report for a set of indicators, and see how your community compares to the rest of the state. [Community Snapshots](#)

- Key to Symbols -

- ∞ For information on confidence intervals, see glossary in the "Resources" section.
- ** Data were suppressed to protect privacy.
- ✓ The community is performing BETTER than the state, and the difference is statistically significant.
- ≈ The community value is the same or ABOUT THE SAME as the state. Differences are not statistically significant.



Interactive Maps

- [Social Vulnerability Index](#) - explore data on social and economic factors that influence the vulnerability of communities across Kentucky
- [Local Health Departments](#) - explore information on your local health department and data for your county
- [Radon in Kentucky](#) - learn more about radon and explore historical radon risk levels in Kentucky



Social Vulnerability Index Can Help Us Understand the Impact of Root Causes

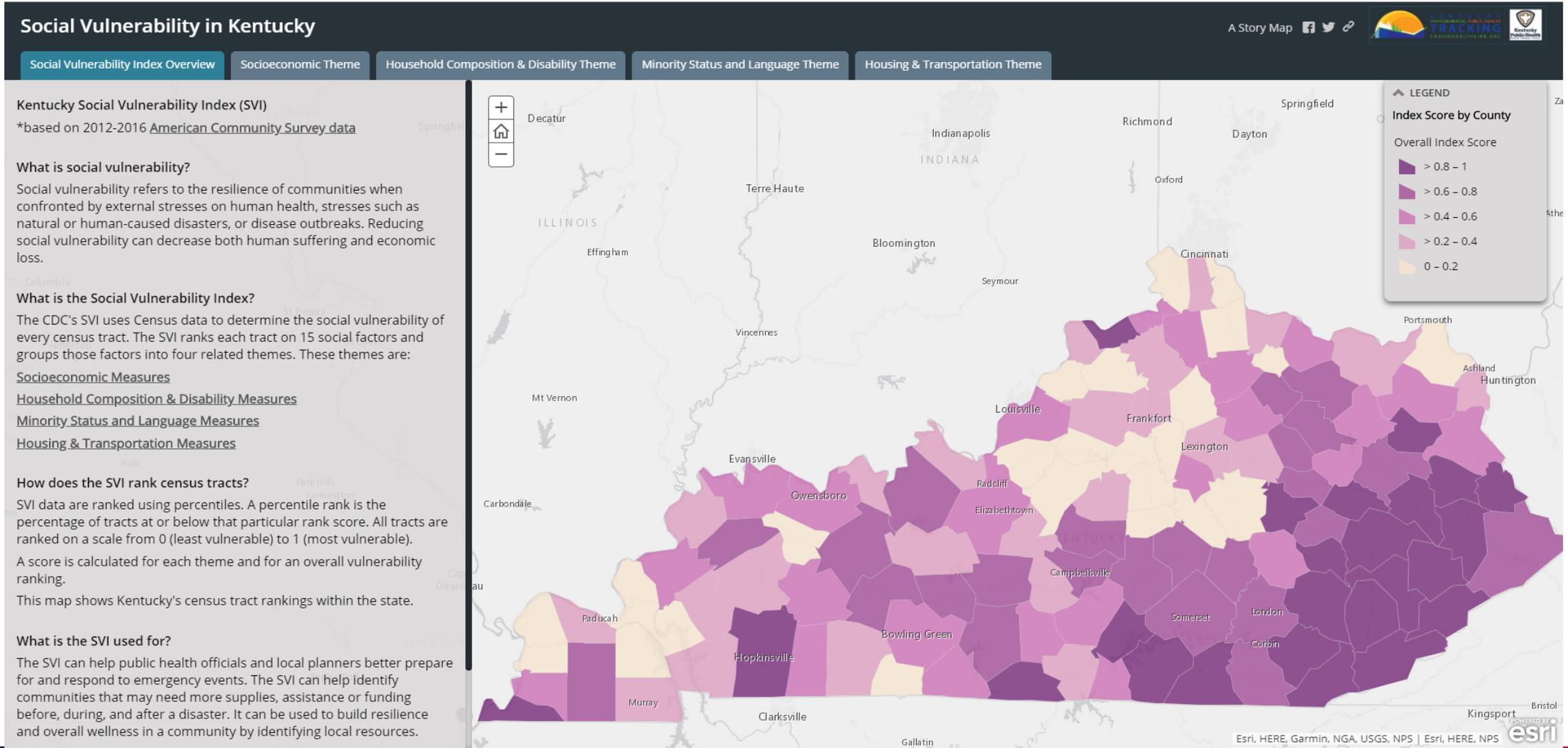
- Income Inequality
- Low Job Participation
- Spatial Segregation
- Food Access
- Education
- Morbidity and Mortality (Chronic Disease)

Benefit of Using SVI in Addressing Health Inequities

- To show that place matters when it comes to health.
- To identify the impact of social determinants of health on a statewide health landscape.
- To identify SVI indicators that are most influential on local (community) health.
- To learn from communities with good health despite adverse SVI indicators.
- To build collaboration across sectors to promote health equity.

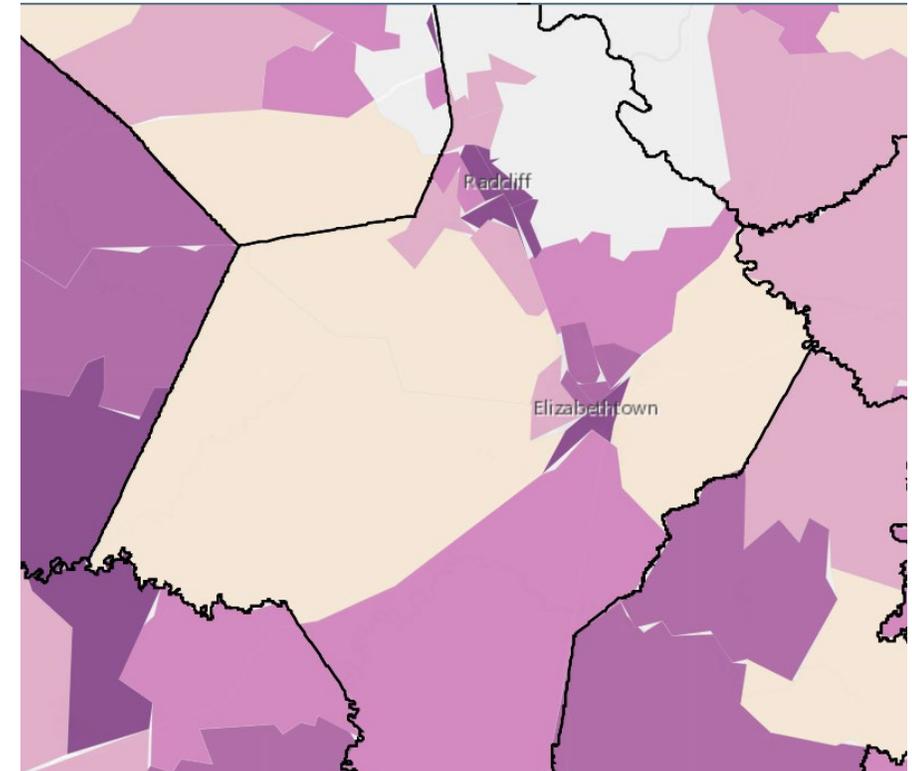
Social Vulnerability Index

<https://ky-dph.maps.arcgis.com/apps/MapSeries/index.html?appid=b051448dfb4b4a69a39e8adf2e8ac44e>



Subcounty Geographies

- **Census tracts:** small, relatively permanent statistical subdivisions of a county – uniquely numbered in each county with a numeric code:
 - Ave. about 4,000 inhabitants
 - Minimum pop.: 1,200
 - Maximum pop.: 8,000
- Why does the SVI use them instead of zip codes?
 - Nest within counties – don't cross county lines
 - Relatively permanent

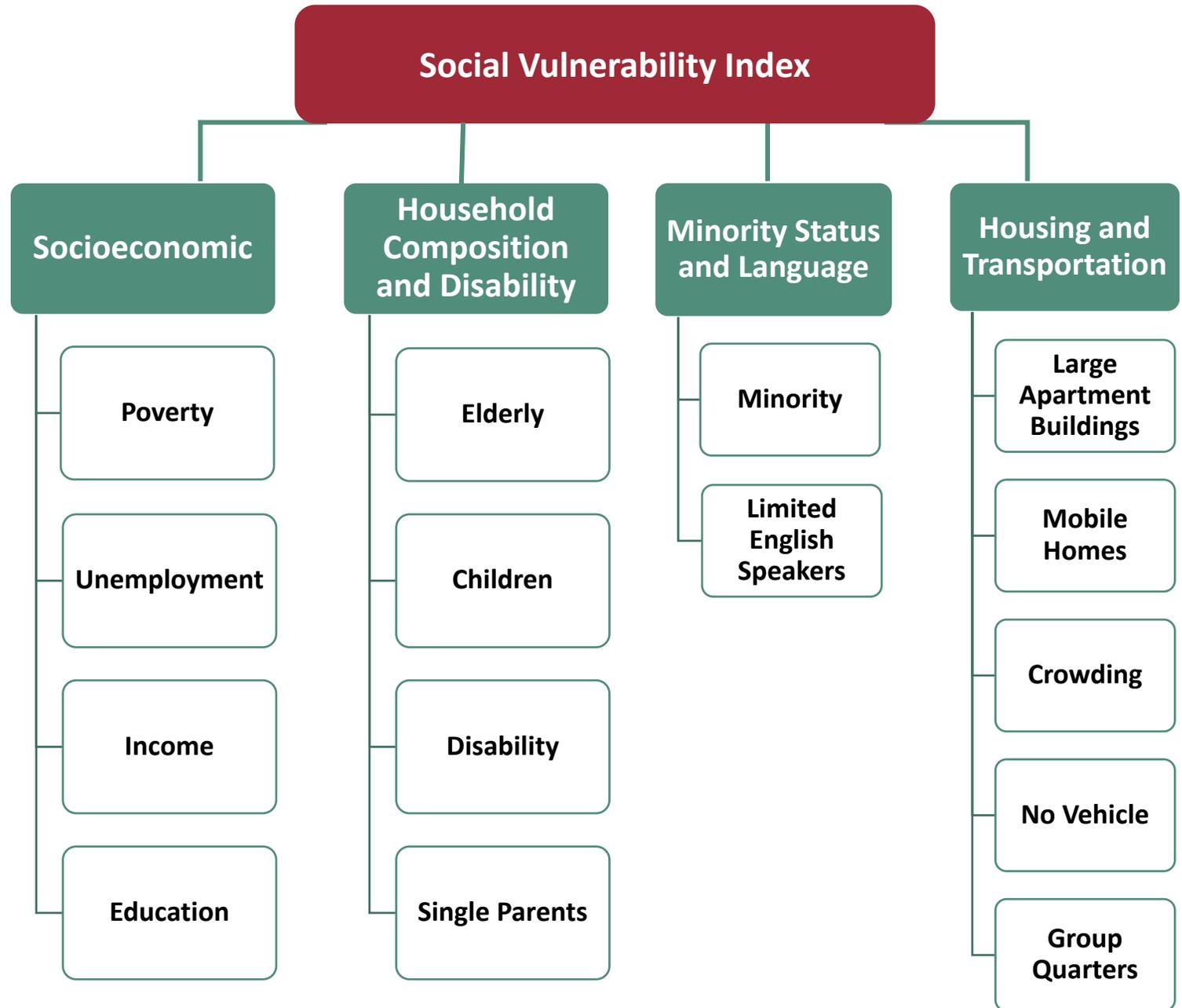


Overall Index Score/
First Map Tab

Theme Scores/
Next 4 Tabs

Individual Measures/
Tabs on Theme Maps

**SVI structure
=
SVI interactive
map**



Understanding Disease Convergence Within the Context of Health Opportunity

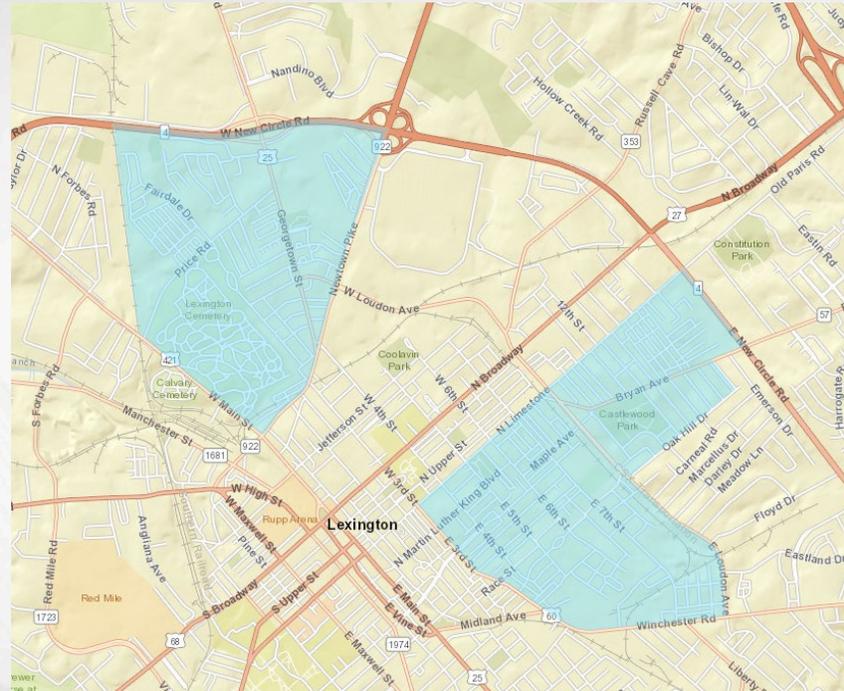
- GIS technology is a valuable tool to map challenging social determinants of health and disparate health issues.
- How do we understand where those disparate health outcomes are greatest, and they can be not occurring singularly but can be additive
- **“Disparate health convergence”** through GIS is the term coined to describe this technique
- Allows us to think about health disparities and health inequities and how they are distributed by geography.
- Can help us determine which SDOH are correlated with the convergence analysis of disparate health issues

Place Does Matter

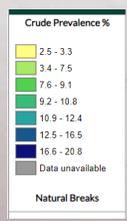


Place Matters. Lexington, Kentucky. Selected Health Outcomes by Census Tract for the Health Disparity Convergence Analysis. 2017 BRFSS 500 Cities Project Prevalence Rates of Selected Health Outcomes by Census Tract

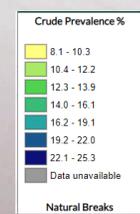
Coronary Heart Disease Rate is greater than 7.4; Diabetes Crude Rate is greater than 12.5; High Blood Pressure Crude Rate is greater than 38.6; Stroke Crude Rate is greater than 4.1; Current Asthma Crude Rate is greater than 11.8; Mental Health Crude Rate is greater than 19.2; and High Cholesterol Crude Rate is greater than 35.2.



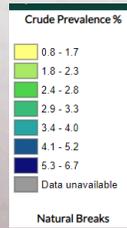
Diabetes



Poor Mental Health



Stroke



Asthma



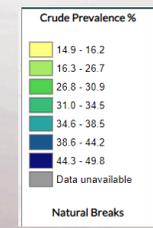
Coronary Heart Disease



High Cholesterol

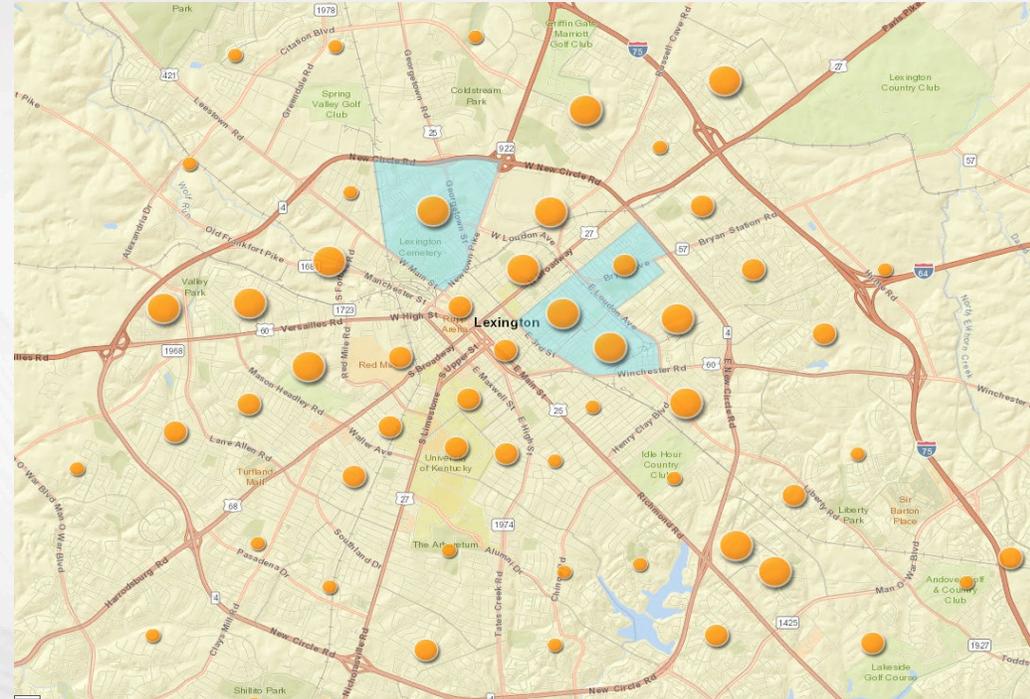
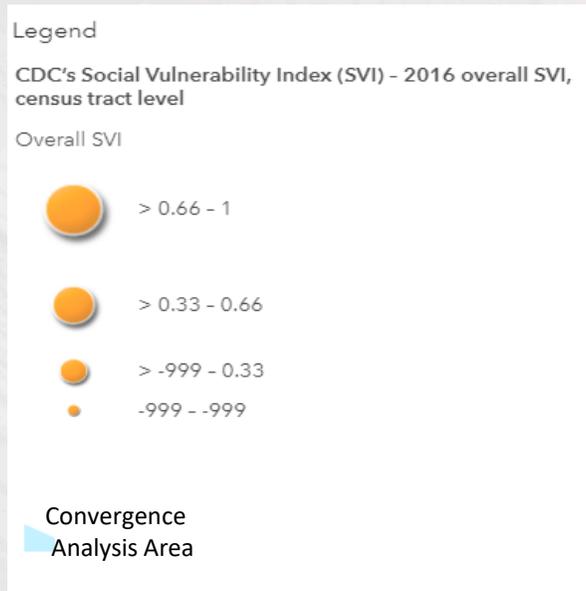


High Blood Pressure

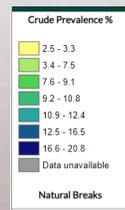


Place Matters. Lexington, Kentucky. Social Vulnerability Index and BRFSS Selected Health Outcomes by Census Tract for the Health Disparity Convergence Analysis.

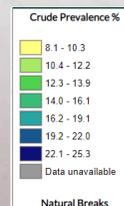
2017 BRFSS 500 Cities Project Prevalence Rates of Selected Health Outcomes by Census Tract
 Coronary Heart Disease Rate is greater than 7.4; Diabetes Crude Rate is greater than 12.5; High Blood Pressure Crude Rate is greater than 38.6; Stroke Crude Rate is greater than 4.1; Current Asthma Crude Rate is greater than 11.8; Mental Health Crude Rate is greater than 19.2; and High Cholesterol Crude Rate is greater than 35.2.



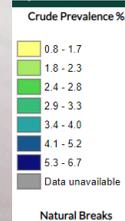
Diabetes



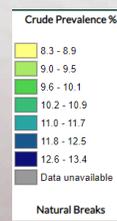
Poor Mental Health



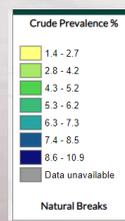
Stroke



Asthma



Coronary Heart Disease



High Cholesterol



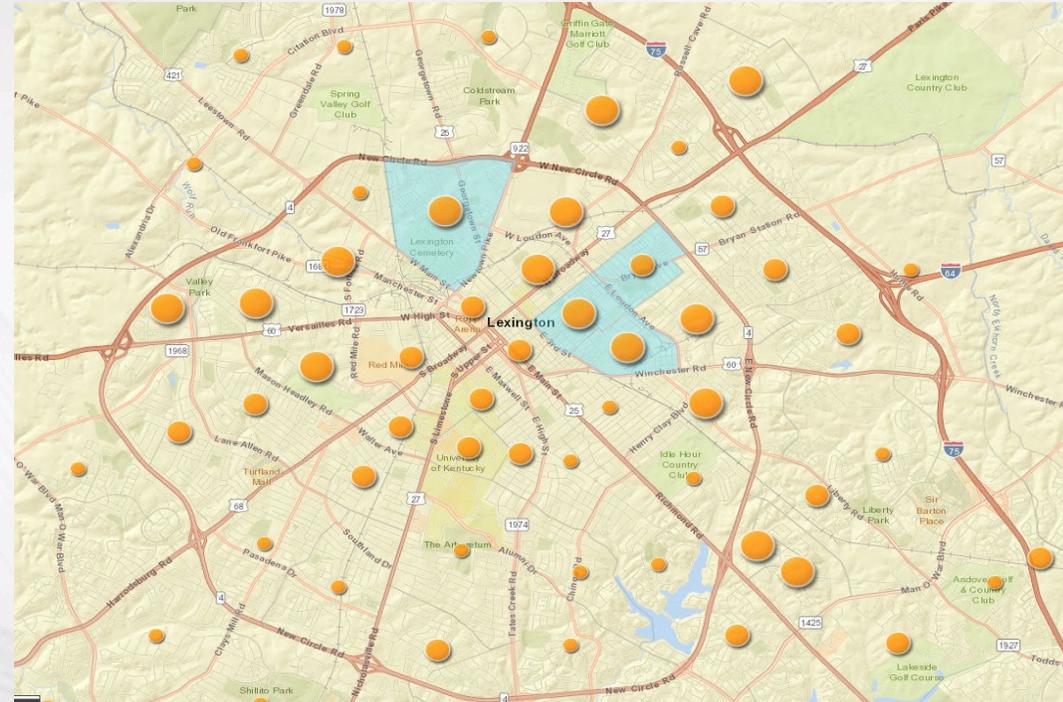
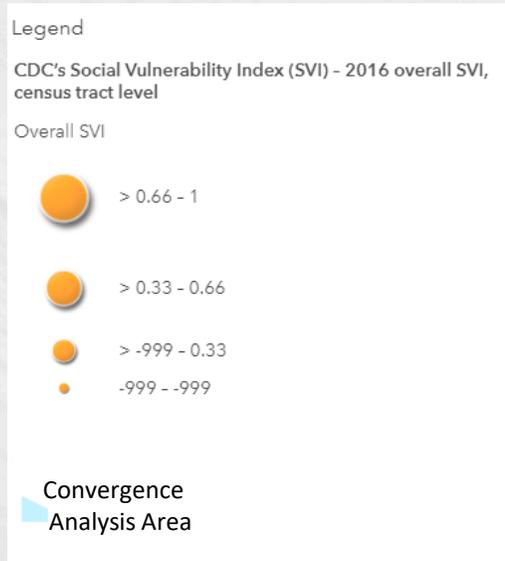
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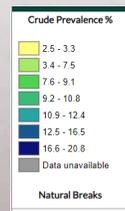
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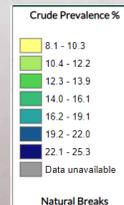
Current Asthma Crude Rate is greater than 7.4; Diabetes Crude Rate is greater than 12.5; High Blood Pressure Crude Rate is greater than 38.6; Stroke Crude Rate is greater than 4.1; Current Asthma Crude Rate is greater than 11.8; Mental Health Crude Rate is greater than 19.2; and High Cholesterol Crude Rate is greater than 35.2.



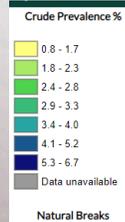
Diabetes



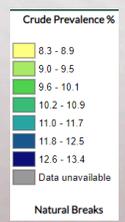
Poor Mental Health



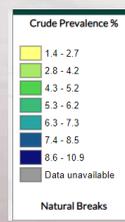
Stroke



Asthma



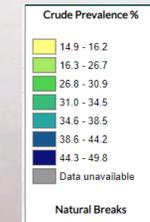
Coronary Heart Disease



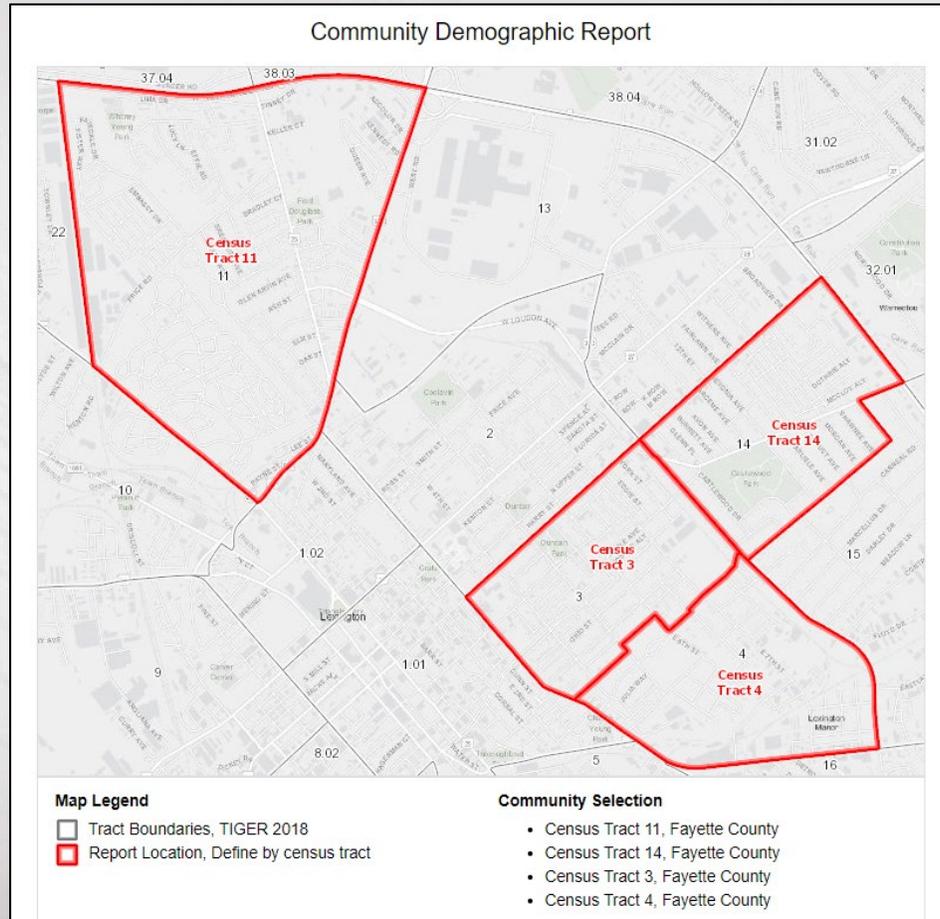
High Cholesterol



High Blood Pressure



Lexington, KY. Census Tracts 11, 14, 3 & 4. Demographic Characteristics U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.



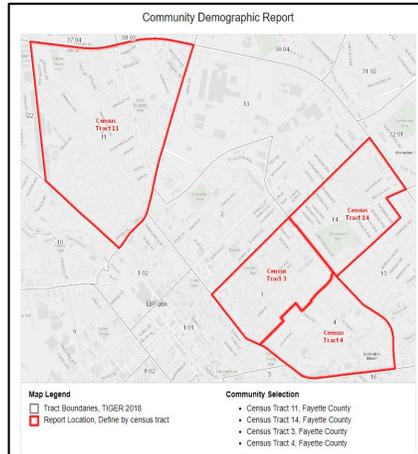
Vulnerable Population in Community		
Below 100% of Federal Poverty Level	Total	Percent*
Total Population in Poverty	4,640	37.85
Children Age 0-17 in Poverty	1,845	54.94
Below 200% of Federal Poverty Level	Total	Percent*
Total Population in Poverty	8,605	70.2
Children Age 0-17 in Poverty	2,777	82.7
Educational Attainment	Total	Percent**
Population with No High School Diploma	2,412	30.07

Demographics in Community		
Total Population		12,404
Total Area in Square Miles		2.54
Persons Per Square Mile		4,881
Population by Gender	Total	Percent
Male	6,009	48.44
Female	6,395	51.56
Population by Age Groups	Total	Percent
Age 0 to 17	3,455	27.85
Age 18 to 64	7,599	61.26
Age 65 and Up	1,350	10.88
Population by Race/Ethnicity	Total	Percent
Non-Hispanic White	3,991	32.18
Black or African American	5,417	43.67
Asian	59	0.48
Native American / Alaska Native	52	0.42
Native Hawaiian / Pacific Islander	0	0
Some Other Race	82	0.66
Multiple Race	256	2.06
Hispanic or Latino	2,547	20.53

The following slides depict disparities based on the demographic characteristics of census tracts with convergent disparate health outcomes.

Lexington, KY & Lexington, KY Census Tracts 11, 14, 3 & 4. Demographic Characteristics U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

Demographics of Lexington, KY Census Tracts 11, 14 3 & 4



Demographics in Community		
Total Population	12,404	
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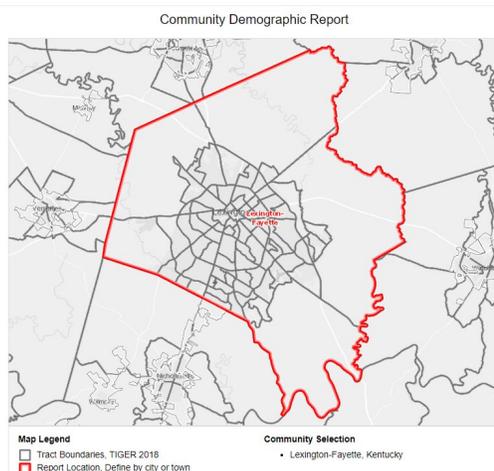
Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

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Educational Attainment		
	Total	Percent**
Population with No High School Diploma	2,412	30.07

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

* Percentage of the population for whom poverty has been determined.
 ** Percentage of the population age 25 and over.

Demographics of Lexington, KY



Demographics in Community		
Total Population	315,109	
Total Area in Square Miles	283.64	
Persons Per Square Mile	1,111	
Population by Gender		
	Total	Percent
Male	154,530	49.04
Female	160,579	50.96
Population by Age Groups		
	Total	Percent
Age 0 to 17	66,471	21.09
Age 18 to 64	210,195	66.71
Age 65 and Up	38,443	12.2
Population by Race/Ethnicity		
	Total	Percent
Non-Hispanic White	226,106	71.75
Black or African American	45,132	14.32
Asian	11,266	3.58
Native American / Alaska Native	686	0.22
Native Hawaiian / Pacific Islander	157	0.05
Some Other Race	1,035	0.33
Multiple Race	8,842	2.81
Hispanic or Latino	21,943	6.98

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

Vulnerable Population in Community		
Below 100% of Federal Poverty Level		
	Total	Percent*
Total Population in Poverty	56,039	18.57
Children Age 0-17 in Poverty	14,886	22.94
Below 200% of Federal Poverty Level		
	Total	Percent*
Total Population in Poverty	108,334	35.9
Children Age 0-17 in Poverty	27,661	42.62
Educational Attainment		
	Total	Percent**
Population with No High School Diploma	19,345	9.49

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates.

* Percentage of the population for whom poverty has been determined.
 ** Percentage of the population age 25 and over.

These Essential Data Elements to Advance Health Equity

- It is necessary to understand where disparate health conditions occur simultaneously, especially at the highest (worst) levels.
- We need data to reflect how health disparities, health inequities and social determinants are distributed by geography.
- It is equally important to understand which social determinants are correlated with the convergence of disparate health issues.
- The SVI and additional data analysis will help us satisfy these conditions.



Parting Thoughts

- The Kentucky Department of Public Health is moving beyond just health disparities data.
- Using tools like SVI and the COVID-19 Community Vulnerability Index (CCVI) as data tools to better address inequities in our most vulnerable communities.
- Move beyond our silos (programmatic, professional, academic) and collaborating to share expertise in solving complex health equity issues.
- Overcome the mind-set that health equity is outside of public health practice.

Thank you!

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