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

Using Data to Inform Equitable COVID-19 Response and Recovery
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.
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
A strong connection exists between health, income, place, and race

Source: King County Equity and Social Justice - [https://kingcounty.gov/equity](https://kingcounty.gov/equity)
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

POLICIES, PRACTICES & SYSTEMS—Policies, structures and systems—including those in government—have sustained and even contributed to inequities

CONDITIONS—Past policies, systems and practices have resulted in adverse social, physical and economic conditions

OUTCOMES—Organizations and their programs historically have tended to react to problems and treat poor individual and family-level outcomes

Source: King County Equity and Social Justice - https://kingcounty.gov/equity
A “healthy stream” creates equity

**PRO-EQUITY POLICIES, PRACTICES & SYSTEMS**—For greatest and most effective impact, King County is focusing “upstream” to address root causes and be pro-equity.

**CONDITIONS**—Pro-equity systems and policies result in improved community conditions, also known as “determinants of equity.”

**OUTCOMES**—Individuals and families thrive regardless of race and place.

Source: King County Equity and Social Justice - [https://kingcounty.gov/equity](https://kingcounty.gov/equity)
Pro-equity approaches

Targeted universalism

Dismantle systems of injustice

Focus on people and places with greatest needs

Process equity
COVID-19: Data Tool

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

Source: Communities Count Data Tool - https://www.communitiescount.org/covid19vulnerable
Confirmed cases per 100,000 residents (age-adjusted)

The black lines represent the 95% confidence intervals (error bars). You can hover over the bars/lines to see more details.

Refer to the map for the rate of confirmed cases per 1,000 residents by census tract.

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.

Source: Public Health – Seattle King County Covid-19 Data Dashboards  www.kingcounty.gov/covid/data  Sept 7, 2020
COVID-19 in Seattle & King County

Percent of cases by race/ethnicity over time

- White
- Hispanic/Latinx
- NHPI
- AI/AN
- Other

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.

Source: Public Health – Seattle King County Covid-19 Data Dashboards  www.kingcounty.gov/covid/data  Sept 7, 2020
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
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
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
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

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/
Vivian Lasley-Bibbs, MPH


9/17/2020
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]

**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

Social Vulnerability in Kentucky

*based on 2012-2016 American Community Survey data

What is social vulnerability?
Social vulnerability refers to the resilience of communities when confronted by external stresses on human health, stresses such as natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.

What is the Social Vulnerability Index?
The CDC’s SVI uses Census data to determine the social vulnerability of every census tract. The SVI ranks each tract on 15 social factors and groups those factors into four related themes. These themes are:
- Socioeconomic Measures
- Household Composition & Disability Measures
- Minority Status and Language Measures
- Housing & Transportation Measures

How does the SVI rank census tracts?
SVI data are ranked using percentiles. A percentile rank is the percentage of tracts at or below that particular rank score. All tracts are ranked on a scale from 0 (least vulnerable) to 1 (most vulnerable). A score is calculated for each theme and for an overall vulnerability ranking.
This map shows Kentucky’s census tract rankings within the state.

What is the SVI used for?
The SVI can help public health officials and local planners better prepare for and respond to emergency events. The SVI can help identify communities that may need more supplies, assistance or funding before, during, and after a disaster. It can be used to build resilience and overall wellness in a community by identifying local resources.
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
**SVI structure**

= **SVI interactive map**

- **Social Vulnerability Index**
  - Overall Index Score / First Map Tab
  - Theme Scores / Next 4 Tabs
  - Individual Measures / Tabs on Theme Maps

- **Socioeconomic**
  - Poverty
  - Unemployment
  - Income
  - Education

- **Household Composition and Disability**
  - Elderly
  - Children
  - Disability
  - Single Parents

- **Minority Status and Language**
  - Minority
  - Limited English Speakers

- **Housing and Transportation**
  - Large Apartment Buildings
  - Mobile Homes
  - Crowding
  - No Vehicle
  - Group Quarters
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 heath convergence” through GIS is the term coined to describe this technique
• Allows us to think about heath 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
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.
Place Matters. Lexington, Kentucky. Social Vulnerability Index and BRFSS Selected Health Outcomes by Census Tract for the Health Disparity Convergence Analysis.

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The following slides depict disparities based on the demographic characteristics of census tracts with convergent disparate health outcomes.
Demographics of Lexington, KY Census Tracts 11, 14, 3 & 4

Demographics in Community

- Total Population: 72,404
- Total Area in Square Miles: 2.54
- Persons Per Square Mile: 4,881

Population by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>6,808</td>
<td>46.44%</td>
</tr>
<tr>
<td>Female</td>
<td>6,606</td>
<td>53.56%</td>
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</table>

Population by Age Groups

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-17</td>
<td>7,352</td>
<td>27.85%</td>
</tr>
<tr>
<td>Age 18 to 24</td>
<td>7,023</td>
<td>25.80%</td>
</tr>
<tr>
<td>Age 25-54</td>
<td>16,994</td>
<td>61.35%</td>
</tr>
<tr>
<td>Age 55 and up</td>
<td>2,345</td>
<td>8.80%</td>
</tr>
</tbody>
</table>

Population by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>58,777</td>
<td>81.57%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>8,477</td>
<td>11.87%</td>
</tr>
<tr>
<td>Asian</td>
<td>2,021</td>
<td>2.82%</td>
</tr>
<tr>
<td>Native American / Alaska Native</td>
<td>29</td>
<td>0.04%</td>
</tr>
<tr>
<td>Native Hawaiian / Pacific Islander</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>721</td>
<td>1.01%</td>
</tr>
<tr>
<td>Multiple Race</td>
<td>223</td>
<td>0.31%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>2,975</td>
<td>4.16%</td>
</tr>
</tbody>
</table>

Vulnerable Population in Community

Below 100% of Federal Poverty Level

<table>
<thead>
<tr>
<th>T</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Age 0-17 in Poverty</td>
<td>4,940</td>
<td>27.85%</td>
</tr>
</tbody>
</table>

Below 200% of Federal Poverty Level

<table>
<thead>
<tr>
<th>T</th>
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<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Age 0-17 in Poverty</td>
<td>8,605</td>
<td>70.2%</td>
</tr>
</tbody>
</table>

Educational Attainment

<table>
<thead>
<tr>
<th>T</th>
<th>Total</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population with No High School Diploma</td>
<td>2,412</td>
<td>30.07%</td>
</tr>
</tbody>
</table>


Demographics of Lexington, KY

Demographics in Community

- Total Population: 235,109
- Total Area in Square Miles: 88.46
- Persons Per Square Mile: 2,611

Population by Gender

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<th>Gender</th>
<th>Total</th>
<th>Percent</th>
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<tbody>
<tr>
<td>Male</td>
<td>115,260</td>
<td>49.04%</td>
</tr>
<tr>
<td>Female</td>
<td>119,849</td>
<td>50.96%</td>
</tr>
</tbody>
</table>

Population by Age Groups

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<tbody>
<tr>
<td>Age 0-17</td>
<td>38,543</td>
<td>16.51%</td>
</tr>
<tr>
<td>Age 18 to 24</td>
<td>40,002</td>
<td>17.01%</td>
</tr>
<tr>
<td>Age 25-54</td>
<td>83,556</td>
<td>35.64%</td>
</tr>
<tr>
<td>Age 55 and up</td>
<td>73,008</td>
<td>31.24%</td>
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<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>199,146</td>
<td>84.89%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>23,063</td>
<td>9.84%</td>
</tr>
<tr>
<td>Asian</td>
<td>4,075</td>
<td>1.73%</td>
</tr>
<tr>
<td>Native American / Alaska Native</td>
<td>395</td>
<td>0.17%</td>
</tr>
<tr>
<td>Native Hawaiian / Pacific Islander</td>
<td>40</td>
<td>0.17%</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>4,656</td>
<td>1.99%</td>
</tr>
<tr>
<td>Multiple Race</td>
<td>1,842</td>
<td>0.78%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>21,343</td>
<td>9.11%</td>
</tr>
</tbody>
</table>

Vulnerable Population in Community

Below 100% of Federal Poverty Level

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Below 200% of Federal Poverty Level

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<tbody>
<tr>
<td>Children Age 0-17 in Poverty</td>
<td>108,334</td>
<td>35.9%</td>
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<td>19,345</td>
<td>9.49%</td>
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* 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!

Vivian.Lasley-Bibbs@ky.gov
Office of Health Equity

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

Visit the Virtual Resource Hall ➤

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