


Kitsap Health Equity Collaborative


November 21, 2023



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We gather on lands where Coast Salish peoples have long resiliently resisted the ongoing harms of colonialism. Let us continually ask how we are respecting the Tribes' sovereignties, rights to self-determination, and sacred connections to this place. In solidarity, we work with intention toward truth-telling reconciliation. Please center yourself in this context ...and in the following words from the Port Gamble S'Klallam and Suquamish Tribes.

 **nəx'qíyt nəx'skáyəm**
PORT GAMBLE S'KLALLAM TRIBE

**from the Preamble to the
Point No Point Treaty
Council Constitution**

...the Port Gamble S'Klallam and the Jamestown S'Klallam Tribes, of the Point No Point Treaty Area, recognize the responsibility and need to protect and advance the treaty reserved hunting, fishing and gathering rights of [their] Tribes.

[The Port Gamble S'Klallam and the Jamestown S'Klallam Tribes] further recognize that [their] inherent traditional and cultural rights constitute vital and irreplaceable resources for [their] future. These resources are essential for the social, cultural and economic self-sufficiency and well-being of [their] Tribal communities.

[The Port Gamble S'Klallam and Jamestown S'Klallam Tribes] believe that in unity and mutual respect [they] can best accomplish [their] community goals, not only for the benefit of Indian people, but for all people.

dxwsəqwəb
PLACE OF THE CLEAR SALT WATER

LAND ACKNOWLEDGEMENT STATEMENT

"Every part of this soil is sacred in the estimation of my people. Every hillside, every valley, every plain and grove, has been hallowed by some sad or happy event in days long vanished."
Chief Seattle 1854

We would like to begin by acknowledging that the land on which we gather is within the aboriginal territory of the suq'abí "People of Clear Salt Water" (Suquamish People). Expert fisherman, canoe builders and basket weavers, the suq'abí live in harmony with the lands and waterways along Washington's Central Salish Sea as they have for thousands of years. Here, the suq'abí live and protect the land and waters of their ancestors for future generations as promised by the Point Elliott Treaty of 1855.

SUQUAMISH TRIBE


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Labor Acknowledgement

We must acknowledge that much of what we know of this country today, including its culture, economic growth, and development throughout history and across time has been made possible by the labor of enslaved Africans and their ascendants who suffered the horror of the transatlantic trafficking of their people, chattel slavery, and Jim Crow. We are indebted to their labor and their sacrifice, and we must acknowledge the tremors of that violence throughout the generations and the resulting impact that can still be felt and witnessed today.

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Vision Statement

Everyone in Kitsap County can achieve their optimal health and safety, and no one is disadvantaged in achieving these outcomes because of systemic inequities or systems of oppression, including racism.



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Thank you to HEC planning Workgroup

- Ayesha Chander, Kitsap Mental Health Services
- Marybel Lund, Kitsap Mental Health Services
- Jessica Guidry, Kitsap Public Health District
- Maria Fergus, Kitsap Public Health District
- Alecia Nye, Olympic College
- Allison Wareham, Olympic College
- Chris Tersigni, Olympic College
- Marsha Cutting, Various
- Dr. Kimberly Riley, You Are Beautiful, PLLC



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Meeting Goals

- Connect and build **relationships** among Collaborative members.
- Receive **information about data, barriers, challenges, and opportunities relating to mental health** (data update, impact of bias, stigma and discrimination on health and opportunities to address stigma).
- Discuss **plan for next Collaborative meeting** and next steps through the early 2024.
- Update each other about **events and programs** from our organizations/communities.



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Recap of Last Meeting

- Built relationships among collaborative members.
- Received information about mental health (definition of mental health and behavioral health providers, data trends).
- Received information about services provided by KMHS.
- Discussed plan for next collaborative meeting: Continue discussion on barriers, challenges and opportunities related to mental health services



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Introductions

- Name
- Organization



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Health Equity Collaborative Survey Results

- Should the KHEC continue to meet every other month on the thirist Tuesday from 2-3:30pm?
 - Results: 80% answered YES.
 - Other suggestions:
 - First Thursday in the AM
 - Second Thursday in the AM
 - Third Thursday in the AM
 - Fourth Thursday in the AM
 - Second Tuesday in the AM
 - Overall, most other suggestions chose a Thursday in the AM.



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Health Equity Collaborative Survey Results

- **Top 3 Highest Ranking Mission Statements:**
 - The Kitsap Health Equity Collaborative convenes to identify and implement shared solutions and collective actions, promote pro-equity policies, and amplify the voices of communities most affected by systemic inequities, including racism. **(7 Votes for Number 1)**
 - The Kitsap Health Equity Collaborative convenes to identify and implement shared solutions and collective actions that address systemic inequities and advance health equity. **(6 Votes for Number 1)**
 - The Kitsap Health Equity Collaborative convenes to amplify the voices, lived experiences and solutions proposed by communities most affected by systemic inequities, including racism, to identify and implement shared solutions and collective actions that address systemic inequities and advance health equity. **(4 Votes for Number 1)**



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Health Equity Collaborative Survey Results

- **Feedback about Mission Statement:**
 - Health equity cannot be achieved without improving access to care in Kitsap County, especially in the area of specialty care. I would appreciate seeing a mission statement that addresses prevalent disease conditions among the various ethnic groups so we can measure real health outcomes and associated improvements among segments of the population. Consequently, I recommend adding to the #1 mission statement (whatever it turns out to be) something like, "...implement shared solutions that improve access to medical services and result in improved health outcomes."
 - How do we socialize all of our "ism"s? I feel like holding racism out, as if it was left out of our thinking and had to be added, makes me feel like we do not live the reality of hate and inequity daily. This may be the wrong forum for this discussion.



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Health Equity Collaborative Survey Results

There was only one vote against the Collaborative Agreements as presented:

- Respect – We will use respectful and inclusive language to honor different lived experiences and perspectives, recognize individual biases and systems/ structures of oppression, assume good intent, and distinguish that intent doesn't negate impact, and keep sensitive information shared at meetings confidential.
- Inclusion and Open-mindedness – We will honor the contributions of all members and seek and value every person's input by ensuring everyone has a chance to comment and by being open to different and opposing perspectives and opinions.
- Consensus – We understand consensus is desired as the decision-making process and that differing opinions are part of the process, and while majority vote will determine next steps, the opinions of those in the minority will be honored by members with respect, inclusion, and open-mindedness.



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Health Equity Collaborative Survey Results

Feedback #1 on Collaborative Agreements (if not listed, agreement was the kept the same by respondent):

- Respect – We will use respectful and inclusive language to honor different lived experiences and perspectives, **recognize individual biases and systems/ structures of oppression, assume good intent, and distinguish that intent doesn't negate impact**, and keep sensitive information shared at meetings confidential.
- Respect – We will use respectful and inclusive language to honor different lived experiences and perspectives **in order to consider all ideas and at the same time**, keep sensitive information shared at meetings confidential.
- Consensus – We understand consensus is desired when making decisions and while majority vote will determine next steps, the opinions of those in the minority will be honored by members with utmost respect. **Respect as a NOUN is a feeling of deep admiration for someone or something elicited by their abilities, qualities, or achievements. Due regard for the feelings, wishes, rights, or traditions of others: SIMILAR: :esteem, regard, acclaim, admiration, approbation, and approval**



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Health Equity Collaborative Survey Results

Feedback#2 on Collaborative Agreements:

- I am late to the discussion so none of my comments are intended to be taken up for change, these are great. I would like to add an additional dimension:
 - We seek consensus through understanding, achieved by sharing from our knowledge, experience and culture. We work for better understanding of cultural, tradition and communication.
- I am learning every day, and I feel like **we need to help each other by sharing HOW communication needs to change.**



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Health Equity Collaborative Survey Results

All but one respondent voted yes to the following guidelines for sharing event information in KHEC emails:

KHEC emails sent by the Kitsap Public Health District Equity Team will adhere to the following guidelines for sharing event information:

- Attendance at the event is free, unless a KHEC member is being recognized, such as receiving an award, or the event is a training.
- The event promotes/celebrates/empowers communities which have been underserved and/or provides resources, such as health (wellness) fairs, or information about community resources.
- The event takes place within Kitsap County or, if within the Puget Sound region, the event addresses issues relevant to topics discussed at KHEC meetings.



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Health Equity Collaborative Survey Results

Feedback on guidelines for sharing event information in KHEC emails:

- Feedback #1
 - Maybe edit 1. to say at the end “trainings, workshops, or provide education”, since some events have a fee and are not considered a training but are designed to advance people’s understanding in some way.
 - Maybe share other events that have scholarships available so that people who are unable to afford the fee still have the possibility to attend.
- Feedback #2
 - I don't know that all events need to have free attendance. Perhaps sliding scale could be included?
- Edited version incorporating the above suggestions: Attendance at the event is free, **scholarships are offered or has a sliding scale**, unless a KHEC member is being recognized, such as receiving an award, or the event is a training, **workshop, or provide education**.



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Health Equity Collaborative Membership Guidelines

Please provide feedback to Maria Fergus about the following suggestions:

- Health Equity Collaborative members have lived experiences with health inequities.
- If not, Health Equity Collaborative members work, serve or advocate for people who experience(d) health inequities.



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Health Equity Collaborative Timeline

Handouts on table



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Mental Health Data By Siri Kushner



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Siri Kushner, MPH, CPH



- Siri is the Director of Public Health Infrastructure at Kitsap Public Health.
- She graduated from University of Washington with a Masters of Public Health in International Health and International Development.
- Her undergraduate degree is Biology & Spanish.
- Siri grew up in Kitsap County and spends at least 3 weeks a year in Nicaragua with her husband's family.
- She follows Brene Brown on LinkedIn.

Celebrating KHEC Members



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Follow-up on data

- At the last meeting we shared mental health data - there were groups of people for whom data were not presented - especially for racial groups - due to what we call "small numbers."
- We recognize data collection and presentation carry historical bias, power imbalance and discrimination are there is hesitation for many groups to share personal information.
- We recognize that when data, even with its limitations, is not provided, it does not show the whole picture, it leaves communities out, and can cause mistrust.
- We recognize that data can support funding opportunities so when groups cannot demonstrate need through data, that can impact access to funding.

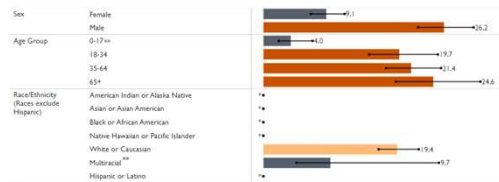


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Why not all data are presented

- Health District epidemiologists follow “small numbers guidance” from the WA State Dept of Health
- When there are fewer than 10 events or people, data are not shared for these reasons:
 - Confidentiality** - health information is personal and held to strict guidelines for privacy - if there are only a few individuals or events in the data, it can be possible to identify someone specific and therefore know their personal health information.
 - Accuracy** – Public health data comes from many sources with varying methods, none is without error, subjectivity or bias. With all that in mind, statistical methods are intended to produce a best estimate. Estimates are presented with a range of values, the smaller the numbers, the wider the range.

- Example:** [Suicide Mortality Rate | Tableau Public](#)



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How we can do better

- We recognize that, while the Health District values protecting privacy and providing accurate statistical analyses, we also recognize that when data is not provided it does not show the whole picture, leaves communities out, and can cause mistrust.
- Strategies we can use with the methods and data currently available and the limitations they carry - combine several years of data which protects privacy and decreases the impact of year-to-year variations.
- Invite community to share stories to add experiences, context and depth as well as provide information where no data exist.
- Participate in efforts to improve methods, strategies and approaches to data collection, analysis and presentation.



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Data workgroup

- Want to get involved? We will be pulling together a workgroup to discuss data so we can create a more equitable, inclusive process that incorporates more qualitative data (stories).
- Anyone interested in learning more about this workgroup, or joining it, [please contact Maria](#).



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Chris Tersigni (pronounced “TER-SEE-NEE”) moved to this area from Florida in 2021 and has since been an advocate for excellence in nursing. He has an MSN (Nursing) and works as a tenure-track faculty member at Olympic College. Chris specializes in mental health nursing, bolstered by certifications in psychiatric-mental health nursing and nursing education.

In the academic realm, Chris is in the final stages of his dissertation at WSU, with an anticipated graduation next year. His area of expertise is Latinx men living with HIV and the mental health toll this takes on them. Passionate about community service, he actively volunteers for organizations that champion causes close to his heart, notably the LGBTQ+ and Latinx communities.

Outside the professional sphere, Chris cherishes moments with his spouse of 15 years. Their household bustles with the energy of 4 spirited chihuahuas and the serenity of 2 rescued felines.



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Celebrating KHEC Members

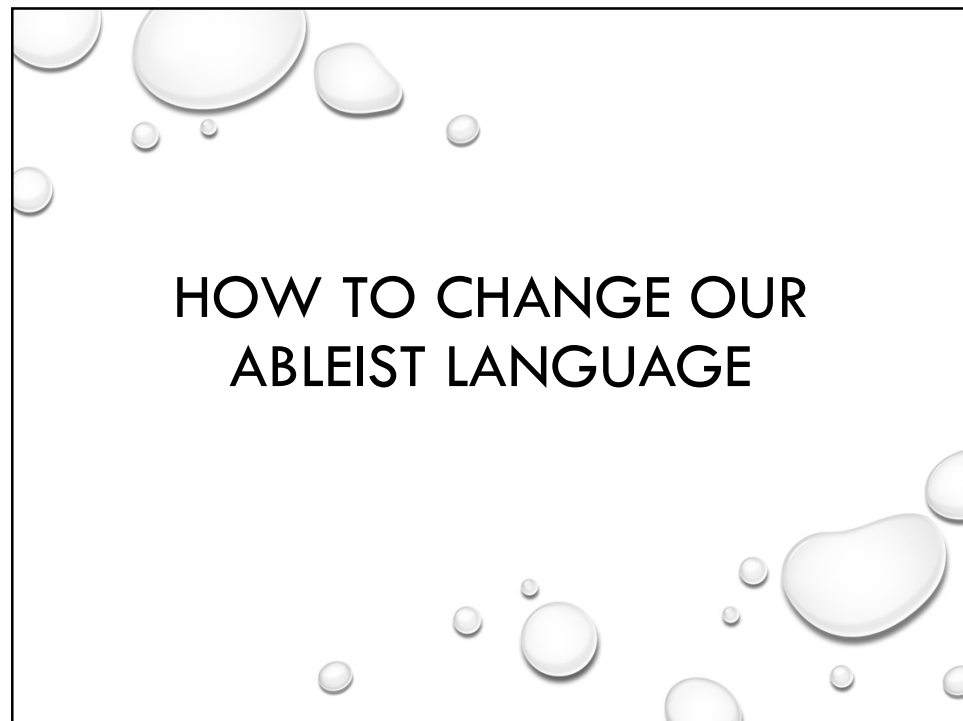
• **Rev. Marsha Cutting, Ph.D.**, is a retired pastor, chaplain, and psychologist who still does pro bono psychological assessments for asylum applicants through the Kitsap Immigrant Assistance Center.

She is a wheelchair user, a wheelchair hiker, a disability and anti-racism advocate, and a poet.

She is a current member of the Kitsap County Accessible Communities Advisory Committee.



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WHAT IS ABLEIST LANGUAGE?

- ABLEIST LANGUAGE IS USING TERMS THAT ACTUALLY APPLY TO PEOPLE WITH DISABILITIES AS INSULTS, GENERALLY TOWARD PEOPLE WHO ARE ABLE BODIED (THOUGH NOT ALWAYS).
- THEY ARE SO COMMON IN OUR USAGE THAT MOST PEOPLE DON'T EVEN NOTICE THEM.

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HOW TO CHANGE?

Decide you want to change

Identify the ableist word that you use most often

- "Crazy?"
- "Stupid?"
- "Lame?"

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HOW TO CHANGE (CONTINUED)?

- PICK ANOTHER WORD TO TAKE ITS PLACE
 - FOR "CRAZY": "RIDICULOUS," "LAUGHABLE," "OUTRAGEOUS," "LUDICROUS," "FOOLISH."
 - FOR "STUPID": "IGNORANT," "UNINFORMED," "WRETCHED."

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HOW TO CHANGE?

- IF YOU FIND IT HARD TO CHANGE BY YOURSELF, GET A PARTNER, AND HOLD EACH OTHER ACCOUNTABLE.

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Plan for next Collaborative meeting

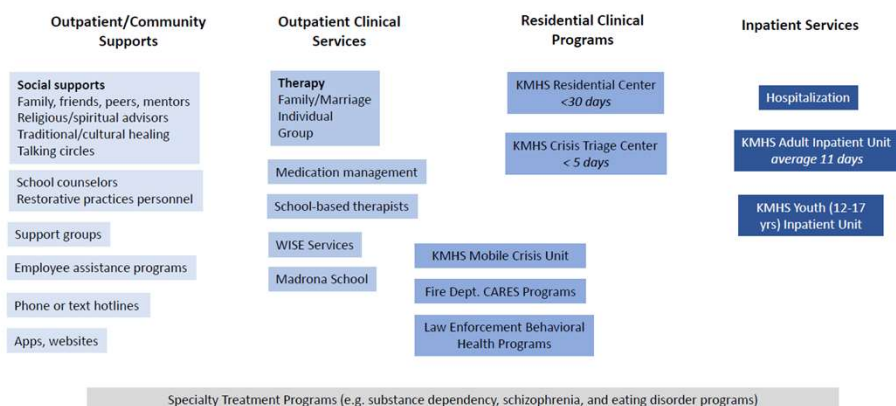
- Options for January meeting:
 - Continue discussion on mental health with a focus on behavioral health / substance use disorder (SUD)
 - Start discussion on accessible healthcare – shortage of healthcare workers
 - Planning session for 2024



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Mental Health Continuum of Care in Kitsap County (draft 9/14/2023)



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