Kitsap Health Equity Collaborative meeting
May 21, 2024 – 2 p.m. to 3:30 p.m.
Hybrid Meeting (Chambers at NDGC and Zoom)

Organizations present	
Kitsap Public Health District	We Are Better Together Foundation
KIAC	Peninsula Community Health Services
Living Life Leadership	Kitsap Black Student Union
Living Arts Cultural Heritage Center	Filipino American Association
LGBTQ State Commission	Virginia Mason Franciscan Health/SMMC
Young Democrats of Kitsap Peninsula	Sinclair Baptist Church
Kitsap Mental Health Services	Kitsap Community Resources
Central Kitsap School District	Surviving Change
Kitsap Strong	One Heart Wild
The Conduit	Kitsap Division of Aging and Long-Term Care
Bremerton Municipal Court	Kitsap County
NAACP Bremerton	
Gather Together Grow Together	OESD
Suquamish Tribe	Kitsap County Accessible Communities Advisory Committee

Welcome and Acknowledgements
- Erica Whares, new Equity Coordinator for Kitsap Public Health District, introduced themself and shared about their background and experience. Erica also said a priority in their new role is meeting with each member of the Health Equity Collaborative and will be reaching out to schedule these.
- Erica noted a change in the room set up to create a better space for discussion and encouraged the group to provide feedback on the new set up.
- Land Acknowledgement & Labor Acknowledgement

Group Introductions
- Members online and in-person introduced themselves and shared briefly about their work

Recap of Last Meeting
- Equity Community Events Calendar
  - Anyone (HEC member or otherwise) can submit events to equity@kitsappublichealth.org to be added to the calendar that are community/Kitsap-wide or celebration of a specific culture.

Data Workgroup Share-Out
- Ranae Beeker provided an update from the data workgroup
- Some key considerations from the workgroup include:
  - Importance and value of data and needs for broader data collection
  - Relating the data into real world information (e.g., number of patients in wheelchairs in a medical clinic - is that information tracked, is it used and how?)
  - Importance of sharing data resources - nobody needs to reinvent the wheel
  - What are other agencies/state doing with data?
  - Would there be a value to having a data dashboard?
  - Qualitative data is important but can be a challenge to report accurately.
- What topics would be helpful for a HEC Epidemiology / Data 101 training?
  - What are the gaps (and why don't we have this data?)

- - - Ex – providers tracking disability data (SMMC does track and can share this data)
    - Data collection:
      - What's going well?
      - What's not?
      - What is the capacity?
      - What creative avenues can be used to collect qualitative data?
      - How can this group fill the gaps?
  - What is statistically significant? (also note data can be significant without being statistically significant)
  - Value of sharing and taking action on data
  - How do we decolonize the practice of how we collect data?
    - And how does this relate to who is collecting the data? (e.g., US Census concerns)
    - How do we move forward in a more inclusive way and work with diverse communities who have the best understanding of their own histories and needs?
  - Importance of reviewing data together and coming up with a common understanding of what the data means
- There will be more discussion about data, inclusive data, and how best to share the data with wider populations (not just people with public health degrees) at a future HEC meeting.

Community Education: Culturally Responsive Healthcare
- Erica provided a brief presentation including data and background information
- Discussion:
  - Note from member that all data and communities should be present when sharing the data, even if statistically small group (example Latino/Latinx often left out with focus on White/Black)
  - Some communities feel their needs are never seen because data isn't collected equitably and individuals/communities don't see themselves reflected in the data.
  - Reminder that healthcare system is historically designed around the care of white men
  - Concern about the communities that were missed with this survey data (ex: Samoans). Suggestion to work with churches and other groups engrained in these communities.
  - Would like to see the data on how people of color are being served for mental health services in Kitsap County.
  - Note: KPHD can only get access to certain data – so may not have complete picture.
- Sharing experiences of bias in the healthcare system (all)
  - At hospital, BIPOC individuals experience distinctly different treatment than their white friends and have to "fight" and "raise hell" for services.
  - Wheelchair bound – immediate assumptions made about abilities. Providers have assumed individual is paralyzed and requires additional accommodations, which can be costly and unnecessary.
  - Access to care becomes more complicated as individuals present with cross-cutting identities:
    - Ex: Filipino Trans individual experiencing homelessness went to a local clinic to request STI testing, following best practices for members of LGBTQI community to be tested every 3-6mo. Clinic physician threatened to call the cops on her for insisting on being tested while asymptomatic. Individual had to see multiple providers until she could get tested and get the help she needed.
  - Biases against African-Americans in the healthcare services received. Look at immersive practice and how we connect with these communities.
  - Young Black youth are socialized that being sick is a drag on the family and learn not to speak up about health concerns unless extremely severe. This results in Black adult men who don't get preventative care and higher rates of untreated/undiagnosed chronic illness.

Getting to Action

- How can the HEC take action
  - Look at ways to attract members within the Kitsap community to healthcare positions.
    - Kitsap has unique needs and geography – can be hard to keep physicians here if they come from out of county.
    - Invest in the people who live here now – pipelines
    - Encourage local students to participate in this work.
  - KCR + KPHD Community Needs Assessment – data is robust. The hope was that other organizations would build off this data. SMMC and Kitsap Transit have reached out to use this data.

Next Steps
- Action focused discussion based on topic area of HEC meeting
- Consider forming workgroups outside of HEC meeting time
- Accountability – discuss progress at upcoming meetings

Planning for Future HEC Meetings
- Meetings moving to 1:30-3:30 (now 2 hours)
  - First 15 min will be networking time
- Continue Culturally Responsive Healthcare discussion at next meeting
- Please share any data you have on this topic with the group prior to the next meeting
- Focus on HOW to address inequities before drilling down to specific topics
- Suggestion for discussion in July about workforce development/pipeline of local individuals into Kitsap healthcare jobs

Wrap-Up
- Meeting ended at 3:45 p.m.