Decision Support Needs for Governance Council Members

Building our Racial Equity Lens in Assessment and Evaluation

What does the Governance Council Need to Review? Accessible Locations & Hours of Operation
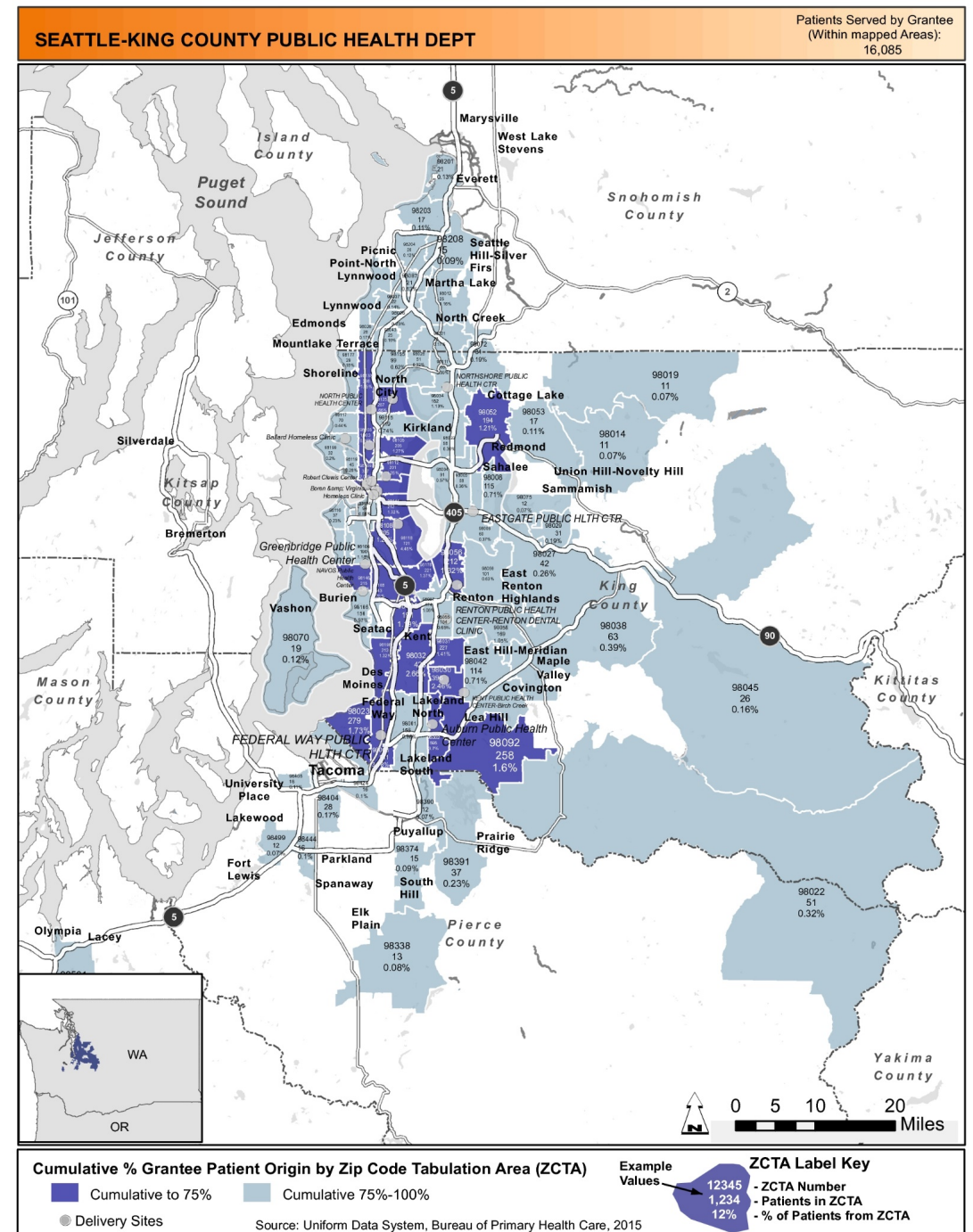
The Service Area Map. Key information includes:

- Approved Service Sites
- Projection of what ZIP Codes the majority of patients come from (Patient Origin)
- Overlap with other health centers or safety-net providers
- Population indicators (e.g. uninsured rates)

We are required to review our service area annually for accuracy and accessibility. UDS data (patients and visits) is the primary data source.

This includes Council approval of service sites and hours of operation.

*** Series of activities over next 6 months**

SEATTLE-KING COUNTY PUBLIC HEALTH DEPT

Patients Served by Grantee (Within mapped Areas): 16,085

Cumulative % Grantee Patient Origin by Zip Code Tabulation Area (ZCTA)
- Cumulative to 75%
- Cumulative 75%-100%
- Delivery Sites

ZCTA Label Key
12345 - ZCTA Number
1,234 - Patients in ZCTA
12% - % of Patients from ZCTA

Source: Uniform Data System, Bureau of Primary Health Care, 2015

Besides those core requirements, what other information about accessibility and equity do members want and need?

What we've heard so far:

- ✓ Demographics (race, ethnicity, gender, sexual orientation, age, Veterans, disabilities, languages spoken) – go as granular as you can

- ✓ Distance to food banks, meal programs, hygiene centers, libraries

- ✓ Staffing and workforce (demographics and competencies of staff at sites)

- ✓ Connection to transportation/bus lines

- ✓ Crosswalk of services/sites & zip codes with the equity impact review map

- ✓ Services explicitly sited in N/S/E King County

What Else?

- Language spoken/ESL, language access – interpretation/translation, ASL/hard of hearing

- Disability

- Release from jail/institutions/community care
  - Disaggregate SUD or MH

- Age, over age 65

- Disaggregate BH conditions/data

- Employment status, at-risk of homelessness

- Utilizing emergency services (ER, MH, hospitalization)

- Pets, designated support animals, service animals

- Literacy level

- Cell phone/technology access
  - Wi-fi/internet access, education/distance learning

What information about HCHN and Public Health's COVID response do you want and need?

Board Requirements:

- How COVID impacts meeting performance measurements (# of patients, visits, clinical quality indicators)?
- # sites that open or closed
- # of tests performed
- Overall progress on COVID-specific HRSA funded initiatives

What else we've heard (so far):

- When/how has equity been centered
- Geographic reach of response efforts (i.e. what is available to N/S/E King County)
- Leadership of lived experience in developing & informing response
- Demographics of people served
- Staffing model/demographics – how has equity been incorporated into hiring processes?

What Else?

- Feedback loop – how hearing back on patient experience/satisfaction
- How response serving highest risk people (age & medical conditions)
- Intersectionality: co-occurring health conditions, race, sexual orientation, language/ESL – inform long term trends
- Serving ESL/non-English speaking population
- Deeper analysis & reporting
- Comparisons to other HCH programs/health centers