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From the Puget Sound Business Journal:

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Seattle Indian Health Board leader calls out state report

Feb 22, 2021, 2:25pm PST

Esther Lucero, CEO of the Seattle Indian Health Board, knew if she marked her Hispanic ethnicity on the state Covid-19 vaccination form, she wouldn't be counted in the Indigenous category. So she left it off.

She's been doing this on many forms for at least seven years.

The Washington State Department of Health released a report last week on the Covid-19 vaccine rollout that for the first time tracks the age, race and ethnicity of the recipients.

The Seattle Indian Health Board, a community health center that primarily serves Native Indians and Alaska Natives, was disappointed by the way the report was presented.

In keeping with guidelines used by federal agencies, the report categorizes ethnicity as either Hispanic or non-Hispanic. Those who identified as Hispanic weren't able to include a second category.

"They're actually perpetuating inequity by miscategorizing data," said Abigail Echo-Hawk, executive vice president of the Seattle Indian Health Board.



ANTHONY BOLANTE | PSBJ

Esther Lucero, CEO of the Seattle Indian Health Board, stands in front of a Native American tribal art mural by artist Louie Gong in her office in Seattle on August 5, 2020. Lucero is a member of the Navajo nation.

The guidelines the state used for its report haven't been revised "for some time," and "there are other, more community-informed and culturally conducive approaches to reporting race and ethnicity," said Kristen Maki, a public information officer for the Department of Health, in an email.

The state was in the process of evaluating the guidelines before Covid-19 hit, and the department was thrust into responding to a pandemic, which slowed its progress, Maki said.

Echo-Hawk said that despite collecting data on "one of the largest-growing multiracial, multiethnicity populations in the country, along with Pacific Islanders," the report "will effectively hide who is getting the vaccine, who is getting counted for American Indians, Alaska Natives and other groups. It will disproportionately impact those large multiracial and multiethnicity groups."

Lucero and Echo-Hawk don't trust the state's data, but acknowledged that it does at least hint at the success the Indigenous population is having in getting vaccinated.

So far, 2.2% of the initial vaccine has made its way into the arms of the non-Hispanic Native American or Alaska Native population, which represents about 1.2% of the total Washington population, according to the Department of Health.

"It's actually higher than what's represented there, I think, but they're effectively hiding our success," Echo-Hawk said. "It takes away the ability for us to continue to advocate for additional resources."

The state report breaks down the race and ethnicity groups into eight categories, which are detailed in the chart below.

The report says the categories "make it possible to examine immunization coverage by race/ethnicity, but do not fully capture the diversity of Washingtonians."

Department of Health Secretary Umair Shah said last week the report showed the state had "significant" work to do to achieve an equitable rollout of the vaccine, noting that the state is lagging in vaccinating the Hispanic, non-Hispanic Black and non-Hispanic multicultural populations.

Shah said during a press briefing late last week that those gaps are smaller than initially thought, because the state was comparing the populations initially vaccinated against the entire state population makeup, instead of those in specific age categories.

"We know BIPOC (Black, Indigenous and people of color) communities are more likely to struggle to get good health care and are more likely to live in conditions that aren't good for their health. We also know that dealing with factors such as racism in and of itself is a stressor that is bad for health and life expectancy. The sad fact is, because of these problems, our state's population over the age of 65 is not as diverse as we would like to have when we look at our entire population," Shah said last Thursday. "Some race and ethnicity groups are still underrepresented, but the gaps are markedly smaller than our initial comparison show."

The state has not yet released these new comparisons.

There are many reasons for the disparity, from systemic racism to vaccine hesitancy, said Paj Nandi, the Department of Health director of community relations and equity.

"BIPOC (Black, Indigenous and people of color) communities and other historically marginalized groups have a lot of hesitancy and a lot of distrust for very valid reasons," Nandi said. "These are long-standing inequities and our systems are basically designed to perpetrate the same status quo. It does take a lot of work and resources to work against that."

A key strategy is to engage with marginalized communities and personally inform them about the vaccine and vaccine process. Through this community engagement, the Department of Health included multigenerational households among its higher-priority groups for vaccine eligibility because that was some of the feedback given from BIPOC communities, Nandi said.

This is where groups like the Seattle Indian Health Board play an important role.

"Health equity looks like empowering communities to serve their people in the best way they see fit, and I think we're a good example of leveraging our authority and autonomy, knowing the

needs of our people and already having relationships and trust with our people to get them vaccinated,” Lucero said.

Megan Campbell

Staff Writer

Puget Sound Business Journal

