Challenging Structural Racism in a Local Government's COVID-19 Emergency Response

Phyusin Myint, PhD
Genevieve Ellis, MPH

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Today we will cover:

- History and Context
- Overview of Equity Framework for Rapid Response
- Community Engagement for COVID-19 Response
History of Racism in Oregon

- Exclusion laws and exclusionary zoning
- Genocide of Native Americans
- Sundown laws and other discriminatory practices
- Ku Klux Klan and terrorism of people of color

“This is an ideology that is not only alive, it’s serving as the foundation for the institutions of Oregon. Oregon is a useful case study for the rest of the nation because the only thing unique about Oregon is [it] was bold enough to write it down. The same policies, practices and ideologies that shaped Oregon, shaped the nation as a whole.”

-Walidah Imarisha, Oregon writer and activist
Interview with OPB in June 2020
Washington County Demographics

Race and ethnicity, Washington County and Oregon

- **White**: Washington County - 75.9%, Oregon - 84.0%
- **Other race**: Washington County - 5.1%, Oregon - 3.0%
- **Native Hawaiian or Pacific Islander**: Washington County - 0.43%, Oregon - 0.04%
- **Hispanic or Latino (of any race)**: Washington County - 17%, Oregon - 13%
- **Black**: Washington County - 2.0%, Oregon - 2.0%
- **Asian**: Washington County - 10.6%, Oregon - 4.6%
- **American Indian or Alaskan Native**: Washington County - 0.6%, Oregon - 1.2%

EOC Structure and the Challenges

- Washington County Emergency Operations Center (EOC)
  - Came from the military
  - Rigid structure
  - Not designed with equity in mind
  - Equity not embedded in structure
  - People most impacted not at the decision-making tables – AND no process to bring them in
  - Lack of foundational level setting with regards to Equity
Embedding Equity in the EOC
Equity Lens Tool

Our charge: make swift decisions to protect the health of communities who are vulnerable to public health threats and prevent prolonged economic hardship.

For the proposed decision you are evaluating, consider the following:

1. Who are the key groups who would directly benefit from the [decision or action]?
   Will the proposal have impacts in specific geographic areas (neighborhoods, areas, or regions)?
   What are the racial demographics of those living in the area?

2. Who is burdened or excluded from [decision/action] benefits?
   What are potential unintended consequences? What are the ways in which your proposal could be modified to enhance positive impacts or reduce negative impacts?

3. Are people directly impacted by [decision/action] engaged in the decision and in keeping us accountable to the outcomes?
   Consider populations that are experiencing health inequities in your community (e.g., people of color, people with disabilities, LGBT populations) and potential barriers they may face with engagement efforts. Balance our charge to make swift decisions with engaging our community; consider what community relationships you already have that you can lean on. Make sure to incorporate compensation for their time where possible.

4. What revisions are needed in the decision for [decision/action] to avoid or mitigate inequitable impacts?
   How will you continue to partner and deepen relationships with communities to make sure your work to advance racial equity is working and sustainable for the long haul? Make sure to track how you’re addressing health equity.
Impacts on Current Activities

• Applying the Equity Lens Tool
• Framework for Community Engagement
• Examples from the field
Frameworks for Community Engagement

Inform
- One-way communication
- Public Outreach
- Ex: Fact Sheets

Consult
- Obtain feedback
- Keep informed, listen to public
- Ex: Public Comment Period

Involve
- Work with public
- Public concerns are known
- Ex: Workshops

Collaborate
- Partner with public on decisions
- Use public advice
- Ex: Consensus-build

Empower
- Public makes decisions
- Use the decisions
- Ex: Delegation

Image credit: Continuum of Public Participation (Adapted from IAP2 Spectrum of Public Participation, 2007)
Isolation and Quarantine Support

- Worked with CBO partners to build a system of support for people in isolation or quarantine
- Equity lens to meet needs of BIPOC communities

*Note: The 852 households represent a total of 3,610 individuals reached (the average household size is 4)*
Vaccine and Testing Events for Pacific Islanders

• Be flexible to meet community needs
  ▫ Drive through, not walk in
  ▫ Food resources accessible
  ▫ Community-led, not county-led
  ▫ Printed materials and interpreters for 9 languages
COVID Racial Equity Advisory Group

- Informing County vaccine strategies and operations
  Example: Live Spanish speaker to answer Vaccine HelpLine

- Involvement in allocation of Vaccine Equity and COVID Resilience and Recovery Funds

- Asked organizations how we were doing and where we should improve our efforts

- Closing the loop and reporting back on feedback and suggestions from the group
  "Here is what we heard, here is what we did.”
Lessons Learned and Takeaways

• Our timeline is not the most important
• Need dedicated staff to do this work
• Clear relationship to decision-making authority
• More capacity to support community engagement work
• Recognize our own limitations engaging BIPOC communities, part of why diversification of staff is so important
What is one thing you can do in your daily work to move further down the community engagement spectrum?

Please feel free to type in the chat.
Thank you!

Feel free to get in touch:

Phyusin_Myint@co.Washington.or.us
Genevieve_Ellis@co.Washington.or.us