

**Minutes of the Governor's Interagency Council on Health Disparities**  
**May 23, 2007**  
**Radisson Hotel Gateway, Seattle-Tacoma Airport**  
**18118 International Boulevard, Seattle, WA 98188**

**Council members present:**

Vickie Ybarra, Chair  
 Ellen Abellera  
 Sofia Aragon  
 Nancy Fisher  
 Winona Hollins Hauge  
 Eric Hurlburt  
 MaryAnne Lindeblad  
 Yvonne Lopez-Morton

Frankie Manning  
 Emma R. Medicine White Crow, Vice Chair  
 Martin Mueller  
 Gwendolyn M. Shepherd  
 Joy St. Germain  
 Madeleine Thompson  
 Felecia Waddleton-Willis

**Council members absent:**

Craig Bill

Annie Conant

**State Board of Health Staff present:**

Craig McLaughlin, Executive Director  
 Heather Boe, Communications Consultant  
 Christy Curwick, Health Policy Analyst

Laurie Fait, Administrative Assistant  
 Wendy Janis, Health Policy Analyst  
 Tara Wolff, Health Policy Analyst

**Guests and Other Participants:**

Lynn Abegglen, Citizen  
 Gloria Albetta, Public Health - Seattle & King  
 County  
 Annette Anderson, Cross Cultural Health  
 Care Program  
 June Beleford, Public Health - Seattle & King  
 County  
 Frances Carr, Department of Social, and  
 Health Services  
 Sarah Crowder, Verbena  
 Teah Colson, S.G. Komen for the Cure  
 Sita DeGiulio Das, Cross Cultural Health  
 Care Program  
 Winma Heye, Citizen  
 Mystique Hurtado, Governor's Office of  
 Indian Affairs  
 Elaine Ishihara, Coalition for Healthy  
 Communities

Kim Nguyen, Washington State Asian, and  
 Pacific Islander Hepatitis B Task Force  
 Janelle Okorogu, Coalition for Healthy  
 Communities  
 Dianne Riker, Washington Dental Service  
 Foundation  
 Liesl Santkuyl, Tacoma Pierce County Health  
 Department  
 Katherine Saunders, Washington Health  
 Foundation  
 Paularita Seng, Fred Hutchinson Cancer  
 Research Center  
 Bo Tunestam, Snohomish County Human  
 Services  
 Leanne Tyshler, Northwest Kidney Center  
 Juliet Van Eenwyk, Department of Health  
 Torrey Vent, Luise Parada Job Corps Input  
 Laurie Wylie, Western Washington Area  
 Health Education Center

Vickie Ybarra, Council Chair, called the public meeting to order at 10:05 a.m.

## 1. APPROVAL OF AGENDA

Sofia Aragon, Council Member, proposed changing the time of the afternoon break to allow discussion of the proposed indicators and criteria before taking action on those items.

*Motion: Approve May 23, 2007 agenda as changed.*

*Motion/Second: Mueller/ Abellera Approved unanimously*

## 2. ADOPTION OF FEBRUARY 8, 2007 MEETING MINUTES

*Motion: Approve the February 8, 2007 minutes*

*Motion/Second: Abellera/ St. Germain Approved unanimously*

## 3. ANNOUNCEMENTS AND OTHER COUNCIL BUSINESS

Christy Curwick, Council Staff, conducted an election for vice chair. She pointed out two articles in members' packets—"Quality Reporting affects Health Care Disparities" and "Diabetes in King County"—and a flier for the Each Student Successful Summit. She explained that a graduate student from The Evergreen State College will be conducting a focus group for the Council as part of her Capstone Project. She asked the members to review a flier on the Council, and said comments are due by May 30. Council members who attended the summit reflected on the day's presentations and discussions. Joy St. Germain, Council Member asked for a clarification on the role of the vice chair. Ms. Curwick read from the bylaws.

## 4. BRIEFINGS ON HEALTH INDICATORS LISTED IN RCW 43.20.280

Chair Ybarra introduced the topic. Ms. Curwick provided an overview of the briefing documents. She stressed that the documents are still in draft form. The Department of Health is updating the *Health of Washington State*, which will focus on health disparities; the briefing documents will be updated when that document is completed. She explained that previously published reports were used to compile the information in the documents. She also clarified the difference between incidence and prevalence.

Ms. Curwick and Wendy Janis, Council Staff, then briefed the Council on the 16 health conditions and indicators of health listed in SSSB 6197: asthma, female breast cancer, cervical cancer, prostate cancer, chronic kidney disease, diabetes, HIV/AIDS, heart disease, stroke, infant mortality, SIDS, mental health, oral disease, women's health issues, smoking cessation, and immunization rates.

During the cervical cancer discussion, Chair Ybarra requested that staff research whether numbers/rates for HPV infection were available. Members discussed whether data were available to look at cervical cancer incidence for the subgroups within the Asian/Pacific Islander category.

Chair Ybarra asked staff to specifically state whether a condition had a particularly high mortality rate.

Eric Hurlburt, Council Member, asked that if diabetes and hypertension are the cause of most kidney disease, and whether kidney disease could be addressed by focusing on diabetes and hypertension. Chair Ybarra clarified that both diabetes and kidney disease were listed in statute, and therefore they both needed to be addressed. Madeleine Thompson, Council Member, discussed how many of the conditions share similar causes and suggested it might be useful to explore those relationships. Chair Ybarra concurred and said it might be useful to have a logic model to depict those relationships between conditions with similar risk factors.

Chair Ybarra asked if it was possible to obtain hospital data by race/ethnicity. Ms. Curwick stated that race/ethnicity variables were not included in hospital discharge data and Juliet Van Eenwyk, State Non-Communicable Disease Epidemiologist, confirmed.

## 5. PUBLIC COMMENT

Bo Tunestam, Snohomish County Human Services, shared that they are trying to address disparities at the local level in Snohomish County. He asked the Council to consider ways to help local health departments implement recommendations and policies that the Council develops. He expressed several concerns about the health disparity index and urged the Council to not rely on it solely. He also raised concerns that the language in the statute authorizing the Council to focus on the availability of culturally and linguistically appropriate health literature and services is inadequate. He believes that there needs to also be a focus on the cultural competence of the health care system.

Janelle Okorogu, Coalition for Healthy Communities, described the coalition and the groups it represents. The coalition focuses on health promotion, community organizing, and policy advocacy. Its focus has been on tobacco control. She provided written information on the coalition (on file). She stressed that while tobacco rates are going down, there are still disparities and she would like the Council to consider tobacco use a priority. She also mentioned how the focus should not be only on cigarettes but also on other forms of tobacco use.

Katherine Saunders, Washington Health Foundation, directed attention to materials behind Tab 6 from Don Sloma, Policy Director, Washington Health Foundation. She urged the Council to take a broad look at social determinants.

Ms. Van Eenwyk stated that her comments may not reflect the official position of the Department of Health. She urged the Council to look at the social determinants of health. She suggested the Council should look at broad categories, rather than picking specific conditions during the prioritization process. She noted that conditions with high prevalence are often conditions where individuals live a long time, so by definition, they will have a lower level of severity. She suggested that the severity measure should be broadened to run from “often resulting in death or permanent disability” to “rarely or never resulting in death or permanent disability.” She agreed with some of the concerns about the index—for example, when rates are low you’ll end up with a high index of disparity. She suggested that while the index may be useful, that the Council should use it cautiously. She also recommended the Council members look at the individual rates within the groups and not rely solely on the index.

Leanne Tyshler, Northwest Kidney Center, advocated for chronic kidney disease to be included in the top five priorities. She said data on chronic kidney disease are lacking and that generally only information on end-stage renal disease is available. Only a few individuals with kidney disease progress to renal failure. Most die of cardiovascular disease before renal failure occurs. It is not a curable disease but it is treatable and easily detectable. Kidney disease affects minority populations at much higher rates. Member Thompson asked if cancer patients who develop kidney disease are considered to be kidney disease patients. Dr. Tyshler responded, yes. There is a continuum of kidney disease, she said.

Liesl Santkuyl, Tacoma Pierce County Health Department, represents the Cross Cultural Collaborative of Pierce County. She would like the Council to consider the Cross Cultural Collaborative as an action group and to use the group as appropriate for obtaining input from the public. The Collaborative represents all of the racial/ethnic minority populations. She also offered that the LGBTQ and low-socioeconomic communities should have a voice at the table as well and they are represented on the Collaborative

Lynn Abeglenn, Cross-Culturally Committee of Pierce County, representing the LGBTQ communities, shared that there is an absence of services and access to care for the LGBTQ community. She recognizes that the Council has not been charged with looking at disparities experienced by the LGBTQ population, but she wanted to share some information about the community's needs and issues with the Council. She read from a compilation of research reports published by a number of entities. She closed by asking the council to consider the issues of the LGBTQ community as this group exists within the racial/ethnic minority populations. Chair Ybarra told Ms. Abegglen that the Council would be happy to receive the written testimony that she had prepared and that she was particularly interested in documentation about risk location and locating risk in the social context. Ms. Abegglen said that she would provide the documentation to Council staff.

*The Council recessed for lunch at 12:10 p.m. and reconvened at 1:02 p.m.*

## **6. CONSIDERATION OF ADDITIONAL HEALTH INDICATORS FOR STATE ACTION PLAN**

Chair Ybarra introduced the topic of selecting additional health indicators for consideration in the action plan. She challenged members to focus on social determinants of health. She also reminded Council members that this agenda item was focused on selecting conditions/indicators to add, and that the actual prioritization would happen at a later date.

Felicia Waddleton-Willis, Council Member, shared her proposal (on file) that contains additional indicators, including some social determinants of health. Council staff clarified that the input provided by the public was shared with the Council members for their consideration and that the Council members' proposals were then incorporated into the summary (on file).

Council members discussed the proposals with a focus on the social determinants of health. Many Council members commented on how a focus on the determinants of health could benefit many of the health outcomes.

Winona Hollins-Hauge, Council Member, said she wants to ensure colorectal cancer is added to the list. It is curable, and easily detectable.

Martin Mueller, Council Member, said a logic model depicting relationships between the social determinants of health and health outcomes would be useful.

Frankie Manning, Council Member, talked about geographic disparities and rural health versus urban health, and asked if those types of disparities should be taken into consideration. Chair Ybarra noted that the Council's charge is to consider disparities by race, ethnicity, and gender.

Dr. Nancy Fisher, Council Member, suggested adding all of the social determinants of health and health indicators, and since colorectal cancer and lupus are specific diseases, those should also be added to the list of outcomes.

Chair Ybarra suggested adding obesity. Member Fisher replied that it should be added as well because it is associated with so many of the other conditions.

Ellen Abellera, Council Member, asked about adding Hepatitis B. Chair Ybarra said the Council should focus on those proposals that had already been suggested.

Council members agreed to add all of the proposed social determinants of health and health indicators: access to nutritious food, access to opportunities for physical activity, education, exposure to environmental hazards, income, social support systems, supportive parenting and childcare systems, culturally and linguistically appropriate healthcare, health insurance coverage, health literacy, preventive services utilization, substance abuse, and workforce diversity. In addition, the Council agreed to add the following specific health outcomes: colorectal cancer, lupus and obesity.

## **7. CONSIDERATION OF PRIORITIZATION CRITERIA**

Chair Ybarra reiterated the Council's responsibility to create an action plan to eliminate health disparities. As a part of this process, conditions listed in statute and any that are approved by the Council to be added will undergo a process of prioritization—the top five priorities will be addressed in the first version of the action plan. Prioritization will occur in two phases. The first phase will consider prevalence and severity. Then advisory committees will identify and assess policy interventions and their work will guide the second phase of prioritization. Ms. Curwick explained that the prioritization criteria and the briefing documents go hand in hand. The briefing documents are meant to be used as tools for the prioritization process.

Member Hurlburt suggested that because the Council's focus is on eliminating disparities, the third criterion—the magnitude of the disparity—should be weighted more heavily. Member Mueller concurred. Chair Ybarra expressed concern about utilizing such a formula. She said the Council would be more likely to prioritize conditions that may affect smaller numbers of people but that have greater disparity. Conditions that affect larger numbers of people with a little less disparity may be prioritized to a lesser degree even though they may be affecting more people of color. Member Hurlburt agreed.

Member Fisher asked if the Council is to eliminate disparities in the state, or only disparities within the five conditions. Chair Ybarra answered yes to both.

Member Fisher expressed a desire to lump conditions and there was some discussion about the benefits of combining conditions and the logistics of doing so during the scoring and prioritization process.

Member Hollins-Hauge shared concerns about the process being too structured. Chair Ybarra explained that the process could include a combination of using the data as well as what is known about the communities Council members represent. In this first phase, we need to have something to whittle the list down in a way that is defensible and transparent.

Council members continued the discussion about whether to combine some common health outcomes, such as the cancers, or heart disease and stroke, as examples. The Council requested input from Ms. Van Eenwyk, who said lumping would make sense for conditions that share the same risk factors.

Council members agreed to give the disparities criterion twice the weight of the criteria for prevalence and severity.

Chair Ybarra asked Dr. Fisher and Ms. Van Eenwyk to meet during the break and provide recommendations for how the lumping and scoring might be done.

*The Council recessed for break at 2:30 p.m. and reconvened at 2:48 p.m.*

***Motion:*** *After discussion, the Council approves the addition of colorectal cancer, lupus, and overweight/obesity, as well as all the social determinants of health, and other indicators of health that were proposed by Council members.*

***Motion/Second:*** *Fisher/Lindeblad Approved unanimously*

***Motion:*** *The Council adopts the Phase I prioritization criteria weighting disparity at two times the weight of the other two criteria, to be reviewed at a later date.*

***Motion/Second:*** *Hurlburt/Medicine White Crow Approved unanimously*

***Motion:*** *The Council adopts the Phase I prioritization criteria combining the conditions of heart disease and stroke into one line item and one fact sheet – the cancers and SIDS and infant mortality will have individual briefing sheets, will be scored separately, but will be combined for prioritization.*

***Motion/Second:*** *Fisher/Mueller Approved unanimously*

## 8. CONSIDERATION OF WORK PLAN FOR DEVELOPING RECOMMENDATIONS REGARDING CULTURALLY AND LINGUISTICALLY APPROPRIATE MATERIALS AND SERVICES

Chair Ybarra reminded the Council that at its December 5, 2006 meeting it approved a work plan to guide development of an action plan to eliminate health disparities. The Council has also been charged with further responsibilities. RCW 43.20.275 (3) requires the Council to:

*“...assess through public hearings, review of existing data, and other means, and recommend initiatives for improving the availability of culturally appropriate health literature and interpretive services within public and private health-related agencies.”*

Ms. Curwick discussed the draft plan for developing recommendations for culturally and linguistically appropriate health education materials and interpretive services. The draft plan calls for approximately four small community meetings to obtain public input.

Yvonne Lopez-Morton, Council Member, said she would share notes from a recent meeting related to a similar subject. She asked that translations and interpretations be defined.

Member Lindeblad offered to provide contact names for getting more information on interpretive services program at DSHS.

Dr. Fisher shared information related to genetic screening and suggested that translations for those materials are needed.

Member Hollins-Hauge suggested that ethnic media should be involved in the process.

Emma Medicine White Crow, Council Member, asked if the materials will address the needs of the tribal communities. She pointed out that communities may speak English, but materials still may not be appropriate if they are not culturally relevant.

***Motion:** The Council adopts the supplemental work plan as submitted on May 23, 2007.*

***Motion/Second:** Lindeblad/Fisher Approved unanimously*

## 9. COUNCIL MEMBER UPDATES ON LEGISLATIVE DAY EVENTS

Member Abellera reported on the Asian Pacific Legislative day in February. She noted that several important bills had passed and discussed those with the Council.

Member Lopez Morton referred to the Commission on Hispanic Affairs Legislative Day as Hispanic Immersion Week. Adults and students gathered for various events. Highlights included hearing mariachi music in the capitol rotunda. The LEAP conference was attended by many students. The participants toured the state capitol. Public meetings were held in conjunction to the LEAP events. She referred the Council to a brochure (on file).

Member Hollins-Hauge discussed the African American Legislative Day. More than 2,000 people attended. She shared a document that outlines the issues focused on during the session.

Gwendolyn M. Shepherd, Council Member, discussed her role on the health committee of the local NAACP branch. She thanked Member Hollins-Hauge for inviting her group to attend the African American Legislative Day. She presented findings from a public input survey.

Felecia Waddleton-Willis, Council Member, shared her experiences as a participant in the African American Legislative Day.

Member Lopez-Morton shared that the African American day set a new bar for achievement.

## 10. COUNCIL MEMBER COMMENTS AND UPDATES

Member Aragon shared that DOH did obtain funding for the HPV vaccine.

Member Lindeblad discussed DSHS's successes during the legislative session, including the Children's Health Bill, and explained her role in identifying performance indicators.

Member Lopez-Morton talked about the national move towards immigration reform legislation and the impact of this on health disparities. She suggested that this was something the Council should monitor.

Member Mueller highlighted and complimented the work on the two health impact reviews that evaluated OSPI budget requests during the session. Chair Ybarra thanked Ms. Janis, Council staff, for her work on the reviews.

Ms. Curwick made some final announcements: The September 20 meeting will be Olympia. Teleconferencing will be used again for the mid-winter meeting. The November meeting will be held in SeaTac. Chair Ybarra then announced the results of the vice chair election: The vice chair will be Emma Medicine White Crow.

## ADJOURNMENT

Vickie Ybarra, Council Chair, adjourned the meeting at 4:10 p.m.

## GOVERNOR'S INTERAGENCY COUNCIL ON HEALTH DISPARITIES

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Vickie R. Ybarra, R.N., M.P.H., Chair