



Proposed Final Agenda

Wednesday • February 12, 2014

1:00 p.m. – 4:30 p.m.

Department of Health, Point Plaza East,
Rooms 152/153 310 Israel Road S.E.,
Tumwater, WA 98501

- | | | |
|------------------|--|---|
| 1:00 p.m. | CALL TO ORDER & INTRODUCTIONS | Emma Medicine White Crow, Council Chair |
| 1:05 p.m. | 1. Approval of Agenda
— <i>Action</i> | Emma Medicine White Crow, Council Chair |
| 1:10 p.m. | 2. Approval of December 11, 2013
Minutes
— <i>Action</i> | Emma Medicine White Crow, Council Chair |
| 1:15 p.m. | 3. Announcements and Council Business | Christy Hoff, Council Staff |
| 1:25 p.m. | 4. Update—CLAS Project | Yris Lance, Council Staff |
| 1:40 p.m. | 5. Briefing—Inequities in Birth Outcomes | Emma Medicine White Crow, Council Chair
Maria Carlos, Public Health—Seattle &
King County
Devon Love, Center for MultiCultural
Health
Gina Legaz, March of Dimes |
| 2:50 p.m. | BREAK | |
| 3:00 p.m. | 6. Public Comment | |
| 3:20 p.m. | 7. Review and Discuss Recommendations
of the Priority Setting Workgroup
— <i>Possible Action</i> | Emma Medicine White Crow, Council Chair
Marietta Bobba, Council Member
Gail Brandt, Council Member
Vazaskia Caldwell, Council Member |
| 4:00 p.m. | 8. Council Member Announcements | Emma Medicine White Crow, Council Chair |
| 4:30 p.m. | ADJOURNMENT | |

PLEASE NOTE: Times above are estimates only. The Council reserves the right to alter the order of the agenda. For information regarding testimony, handouts, other questions, or for people needing special accommodation, please contact Desiree Day Robinson at the Board office at (360) 236-4110 by February 7, 2014. This meeting site is barrier free. Emergency contact number during the meeting is (360) 701-2398.



Draft Minutes of the Governor's Interagency Council on Health Disparities
February 12, 2014
Department of Health, Point Plaza East, Rooms 152/153
310 Israel Road SE, Tumwater, WA 98501

HDC members present:

Sofia Aragon
Marietta Bobba
Gail Brandt
Nora Coronado
Kim Eads
Nova Gattman

Diane Klontz
Emma Medicine White Crow
Millie Piazza
Gwendolyn Shepherd
Greg Williamson

HDC members participating by phone:

Kameka Brown

Vazaskia Caldwell

HDC members absent:

Willie Frank
Jonathan Green

Steve Kutz
Frankie Manning

HDC Staff present:

Timothy Grisham, Communications Consultant
Christy Hoff, Health Policy Analyst

Yris Lance, CLAS Project Manager
Desiree Robinson, Executive Assistant

Guests and Other Participants:

Maria Carlos, Public Health—Seattle & King
County
Larry Champine, Department of Health
Lowest Jefferson, Department of Health

Gina Legaz, March of Dimes
Devon Love, Center for MultiCultural Health
Greg Nordlund, Department of Health

Emma Medicine White Crow, Council Chair, called the public meeting to order at 1:08 p.m. and read from a prepared statement (on file).

1. APPROVAL OF AGENDA

Motion: Approve February 12, 2014 agenda

Motion/Second: Marietta Bobba/Gail Brandt. Approved unanimously.

2. ADOPTION OF DECEMBER 11, 2013 MEETING MINUTES

Motion: December 11, 2013 minutes

Motion/Second: Greg Williamson/Marietta Bobba. Approved unanimously.

3. ANNOUNCEMENTS AND COUNCIL BUSINESS

Christy Curwick Hoff, Council Staff, shared information on two bills—SHB 2312 related to involving communities in environmental decision making and SB 6170 concerning cultural competency education for health care professionals. She signed in support on behalf of the Council for both bills during their respective public hearings, as they aligned with Council recommendations

in its 2010 and 2012 action plans. At the time of the Council meeting, both bills were technically dead. Nova Gattman, Council Member, asked about opposition to SB 6170. Ms. Hoff said many healthcare associations testified in opposition to the mandate, arguing that providers should be able to choose the continuing education opportunities that best fit their needs. Ms. Hoff provided an update on five confirmed health impact review requests and said completed reviews are available on the Board of Health's website (a link is also available from the Council's Web site). She referred members to a letter of appreciation to Dr. Maxine Hayes, which was presented by Dr. Kameka Brown, Council Member, on behalf of the Council at a recent retirement party organized by community-based organizations. Member Brown shared highlights from the event.

4. UPDATE—CLAS PROJECT

Chair Medicine White Crow introduced Yris Lance, Council Staff, and wished her a happy birthday. Ms. Lance provided an update on efforts to work with state agencies to implement National Standards for Culturally and Linguistically Appropriate Services (CLAS). She shared updates from her meetings with the Departments of Health, Social and Health Services, and Commerce as well as the Office of Superintendent of Public Instruction and Health Care Authority. Diane Klontz, Council Member, asked if there has been outreach to the Governor's office regarding a statewide approach. Greg Williamson, Council Member, said people from his agency were interested in whether there were state and/or federal requirements around CLAS. Marietta Bobba, Council Member, said she and Ms. Lance were meeting with the different Administration managers at DSHS. Vazaskia Caldwell, Council Member, said she and Ms. Lance were scheduled to meet with Health Care Authority senior management on February 24, adding there was already a lot of support in her agency. She encouraged members to look at the [Think Cultural Health Web site](#). Ms. Lance said she is continuing to work with staff at Molina Healthcare, who has reviewed its policy and efforts to educate staff regarding cultural competency. Other updates included meeting with staff from the Center for MultiCultural Health; developing an article in collaboration with the Washington State Medical Association; working with the Washington Association for Community and Migrant Health Centers regarding promotores training; and preparing for upcoming conferences, including the Western Forum for Migrant and Community Health, the Northwest Regional Rural Health Conference, and the annual conference of the Interagency Committee of State Employed Women. Chair Medicine White Crow suggested Ms. Lance work directly with individual Tribes to learn more about ways they could be involved in the CLAS project.

5. BRIEFING—INEQUITIES IN BIRTH OUTCOMES

Chair Medicine White Crow introduced the agenda item and thanked panelists for attending. Maria Carlos, Public Health-Seattle & King County presented data from King County and Washington State that showed dramatic disparities in birth outcomes and risk factors by race/ethnicity (presentation on file under Tab 5). Sofia Aragon, Council Member, noted the instability in infant mortality rates for American Indian/Alaska Native populations. Ms. Carlos said the small numbers of cases leads to high fluctuations in rates from year to year. Ms. Carlos shared information on the Equal Start Community Coalition, which consists of more than thirty community partners representing more than 20 community-based organizations, public health agencies, academic institutions, and others. She shared recent accomplishments of the coalition, including a regional summit in 2011, providing input on health care reform, and co-sponsoring the Beyond Birth Outcomes conference in 2014. She said the coalition was participating in the CityMatCH Institute on Equity in Birth Outcomes. Nora Coronado, Council Member, asked if data were available on disparities among Latinos broken out by language. Ms. Carlos said that in general, the Latino population had relatively good rates for birth outcomes and that she was not aware if data were available by language.

Devon Love, Center for MultiCultural Health, shared information on the Institute on Equity in Birth Outcomes (presentation on file under Tab 5). She said the Institute is focusing on disparities for American Indian/Alaska Native and African American populations and that they will develop two sets of strategies – one focused on upstream social determinants and the second focused on downstream outcomes. Member Williamson asked whether there were opportunities to partner with OSPI and other agencies, particularly around reducing unplanned pregnancies among teens. Ms. Carlos said they would appreciate the opportunity to partner, adding that for African American and American Indian/Alaska Native populations, rates are high for all ages, not just among teens. Ms. Love said the coalition plans to administer a community assessment to engage the community in developing strategies. She said a goal of the Institute is to develop a national curriculum.

Gina Legaz, March of Dimes, shared information about the Beyond Birth Outcomes conference held on January 16 (see agenda on file under Tab 5). The goal of the conference was to raise awareness about disparities in birth outcomes among providers, state agency representatives, and others. They had 180 participants from different sectors. She said the agenda included two national presenters, a facilitated discussion, and presentations on five promising practices. The presentations are posted on the [March of Dimes website](#). Gail Brandt, Council Member, asked if additional information on the five promising practices was available and Ms. Legaz referred her to the presentations online.

The presenters finished by showing two digital stories about women and their experiences with infant mortality and low-birth weight deliveries. Ms. Love provided additional background information on the stories and Council members reflected on what the stories meant to them and how empowering it is for women to share their stories and for viewers to hear them.

6. PUBLIC COMMENT

No members of the public provided comment at this meeting.

7. REVIEW AND DISCUSS RECOMMENDATIONS OF THE PRIORITY SETTING WORKGROUP

Chair Medicine White Crow said she met with members Caldwell, Brandt, and Bobba for a second meeting of the Council's priority setting workgroup in January. She said the group agreed that they wanted to reaffirm existing priorities (implementation of the CLAS standards, language access, and adverse childhood experiences). In addition, they wanted to propose two new priorities for the Council's consideration: childhood obesity (i.e., Washington's Healthiest Next Generation) and inequities in birth outcomes. Member Bobba said they wanted to focus on childhood obesity disparities experienced by children of color and other vulnerable youth (foster youth, homeless youth, children in military families, etc.). Ms. Hoff shared comments from Jonathan Green, Council Member, who was unable to make the meeting but wanted to share that the Department of Early Learning supports the two proposed priorities. She also shared comments submitted by Frankie Manning, Council Vice Chair, who commended the workgroup and said she supports the priorities. Chair Medicine White Crow shared her personal story and interest in addressing infant mortality.

***Motion:** The Council adopts childhood obesity (Washington's Healthiest Next Generation) and inequities in birth outcomes as new priorities.*

***Motion/Second:** Sofia Aragon/Nova Gattman. Approved unanimously.*

8. COUNCIL MEMBER ANNOUNCEMENTS

Member Aragon said the racial/ethnic commissions met with health agencies involved in Initiative 502. She said they had concerns about messages for youth. She commended the work of the Health Care Authority, Department of Health, Department of Social and Health Services, and the Liquor Control Board to think creatively about youth education within existing resources and activities.

Member Brandt referred members to Department of Health updates in the packet under Tab 8. She said the Department of Health was soliciting applications for community health worker training. She said the WIC program caseload has been decreasing and asked Council members to help promote the program and its availability. She shared a new resource on reducing disparities in infant mortality and said she would send the link to staff to share with members.

Member Coronado said the Commission on Hispanic Affairs produces a report every couple of years looking at issues that impact Latinos. This year they plan to use a health lens for each of the topics in the new report.

Member Gattman shared information on the Health Care Personnel Shortage Task Force, which was created in 2003 and aims to bring together diverse stakeholders to develop recommendations to address healthcare personnel shortages. She shared the recommendations from the 2013 Annual Report and said she would send the report to staff to share with members.

Millie Piazza, Council Member said the meeting summary sent out after the last meeting was helpful. As a result, she now participates on the management team to report on the Council's work. She thanked Chair Medicine White Crow for sharing her personal story.

Gwendolyn Shepherd, Council Member announced she received a letter of support from the Institute for Translational Health Sciences for her project, titled "Project Maturity". She said if her proposal is funded, the ITHS team will partner on the project. If the project is not funded, ITHS staff will assist in identifying programs and resources to support it.

Member Klontz said the Department of Commerce was working on a pilot training for TANF/WorkFirst participants to obtain training for work in the healthcare sector, helping to fill important workforce shortage gaps. She said they were also working with Burst for Prosperity to redesign the TANF/WorkFirst system to offer sector-based career development opportunities. In addition, she said Commerce was continuing to champion the mission to end family homelessness. In January, they conducted the annual Point in Time Count of homeless persons. Preliminary numbers are starting to come in and she hopes to share data at the next meeting.

Member Eads shared information on the farm bill, including reductions in the food stamp program and another program that provides nutritious food to low-income pregnant and breastfeeding women, children up to age six (not on WIC), and the elderly. She shared the Department of Agriculture's plans to address Results Washington goals to provide healthier food options, including culturally relevant foods.

ADJOURNMENT

Chair White Crow adjourned the meeting at 3:46 p.m.



STATE OF WASHINGTON
GOVERNOR'S INTERAGENCY COUNCIL ON HEALTH DISPARITIES

Washington State Board of Health

PO Box 47990 • Olympia, Washington 98504-7990

February 7, 2014

Dear Maxine:

The Governor's Interagency Council on Health Disparities would like to express its appreciation for your 25 years of state service and for your unfaltering commitment to health equity.

We thank you for your work at the local, state, and national levels to promote the health of mothers and babies, for increasing awareness of the link between educational attainment and health, and for being a champion of equitable early learning.

We thank you for serving as an advisor and providing technical assistance to Senator Franklin, legislative staff, and community advocates to create the foundation upon which the Council sits today. And we thank you for continuing to be a mentor, resource, and friend to Council members and staff.

In return, we will do our best to continue to undue harm and to carry on your messages:

- *"We must focus on inequities, not disparities"*
- *"Not everyone has an equal opportunity for health"*
- *"The choices we make are shaped by the choices we have"*
- *"Health is tied to the distribution of resources"*
- *"We must not be afraid of addressing the role of racism"*
- *"We must all have the audacity to believe we can transform the system"*

On behalf of all the members of the Governor's Interagency Council on Health Disparities and its staff, we wish you a happy and healthy retirement.

Sincerely,

Emma Medicine White Crow, Chair

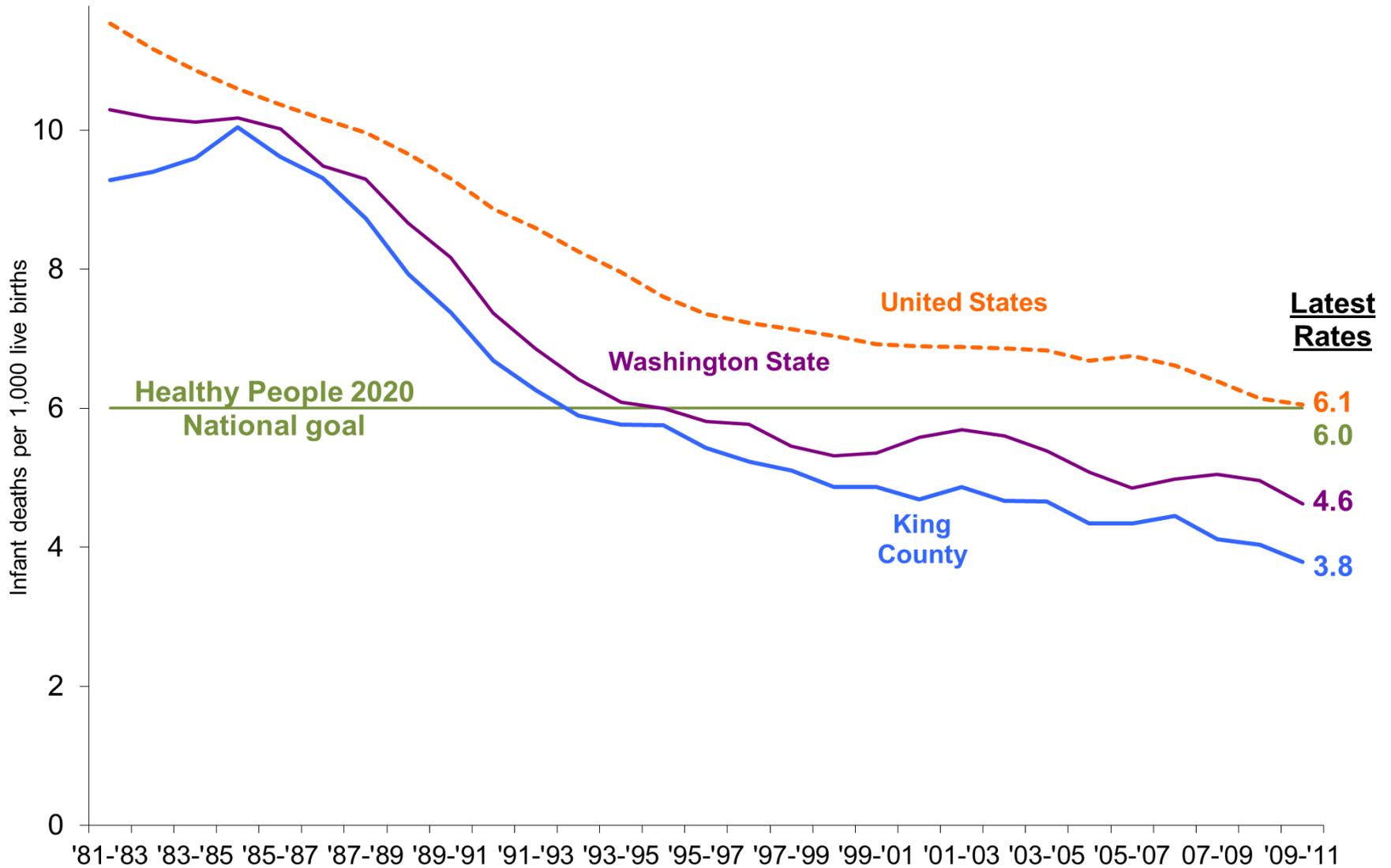
Inequities in Birth Outcomes, King County & Washington State Current Data

February 12, 2014

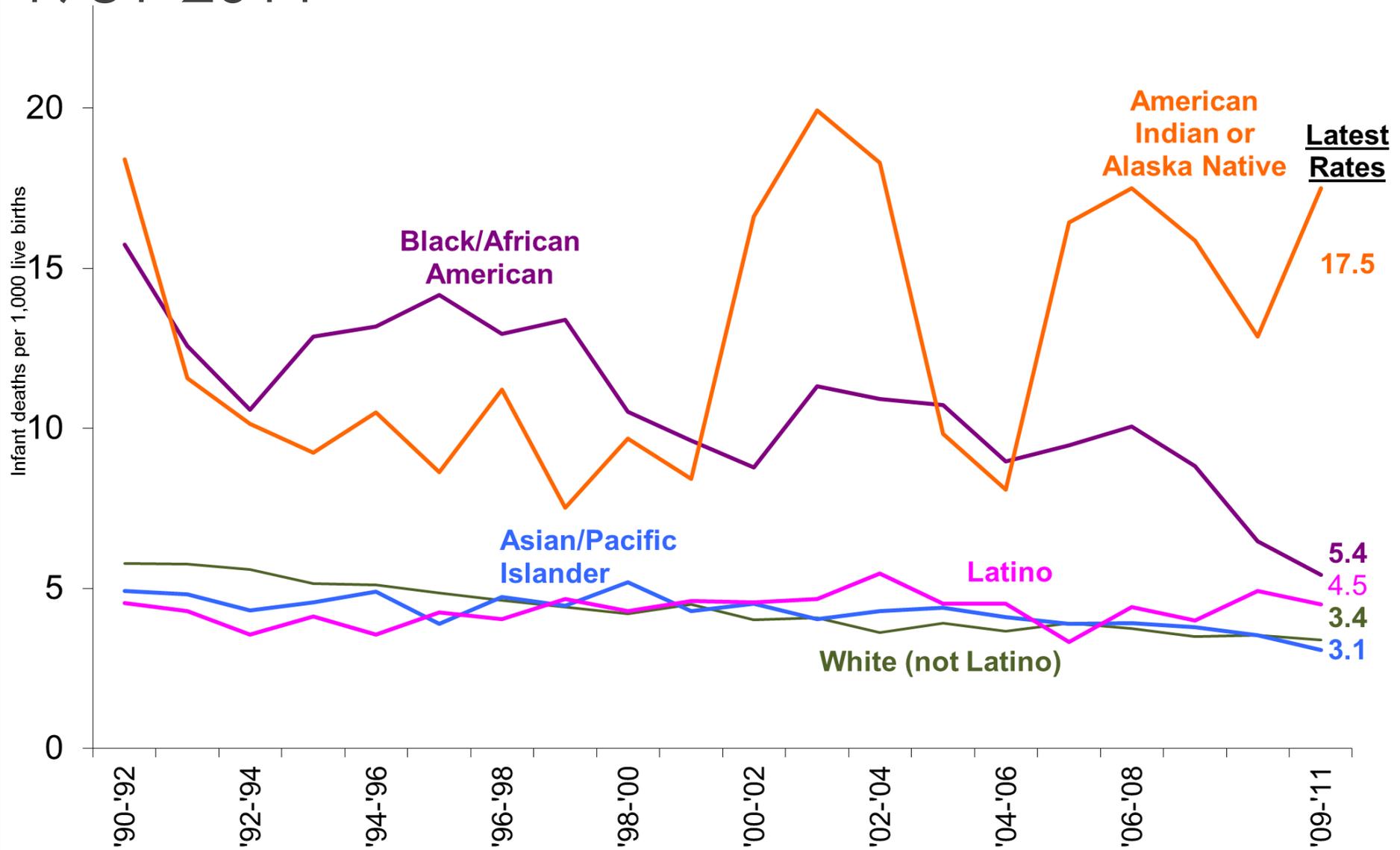
Governor's Interagency Council on Health Disparities

**Presenter: G. Maria Carlos, Public Health – Seattle & King County;
Member, Equal Start Community Coalition**

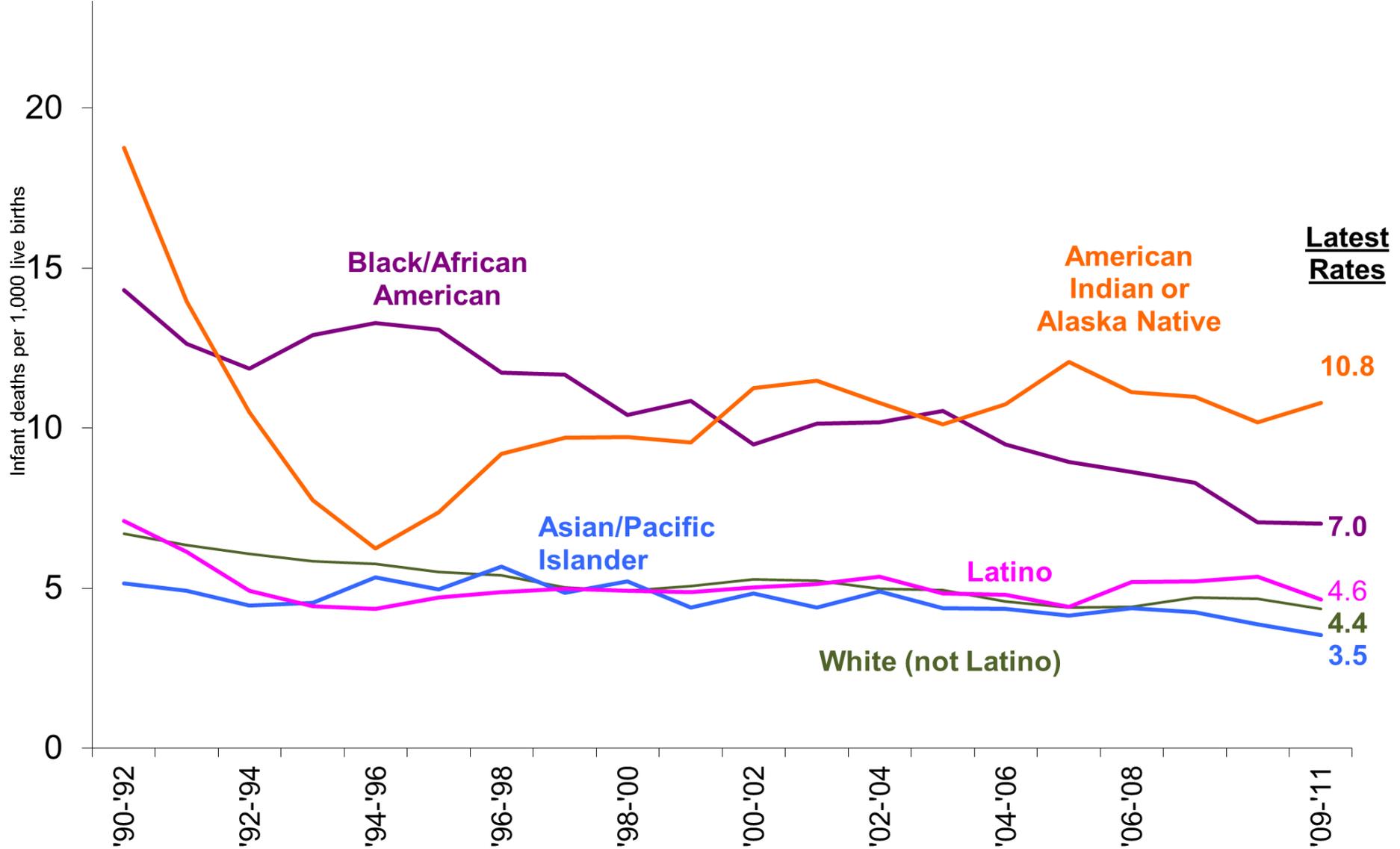
Infant Mortality Rates, 1981-2011



Infant Mortality by Race, King County, 1981-2011



Infant Mortality by Race, WA State, 1981-2011



Prevalence of Birth Risk Factors by Race, King County 2007-2011

	Black/Afr. Am NH	American Indian/ AN	Asian	NHPI	Multiple Race	Hispanic
Care Began in 1st Trimester	67.7	65.6	81.6	46.3	77.1	69.9
Premature	11.7	15.7	9.4	14.1	10.5	10.4
Smoking During Pregnancy	5.2	17.5	1.0	8.0	9.3	2.1
Very Low Birth Weight (< 1500)	1.8	1.3	0.9	0.8	1.2	0.9
Moderate Low Birth Weight (1500-2499)	7.6	7.4	6.6	4.4	6.3	4.7

NH=non-Hispanic. AN=Alaska Native. NHPI=Native Hawaiian/Pacific Islander.

Compared to King County average, **red bold** text is statistically significantly worse; **blue** is statistically significantly better.

Data Source: Birth Certificate Data, Washington State Department of Health, Center for Health Statistics.

Prevalence of Birth Risk Factors by Race, Washington State, 2007-2011

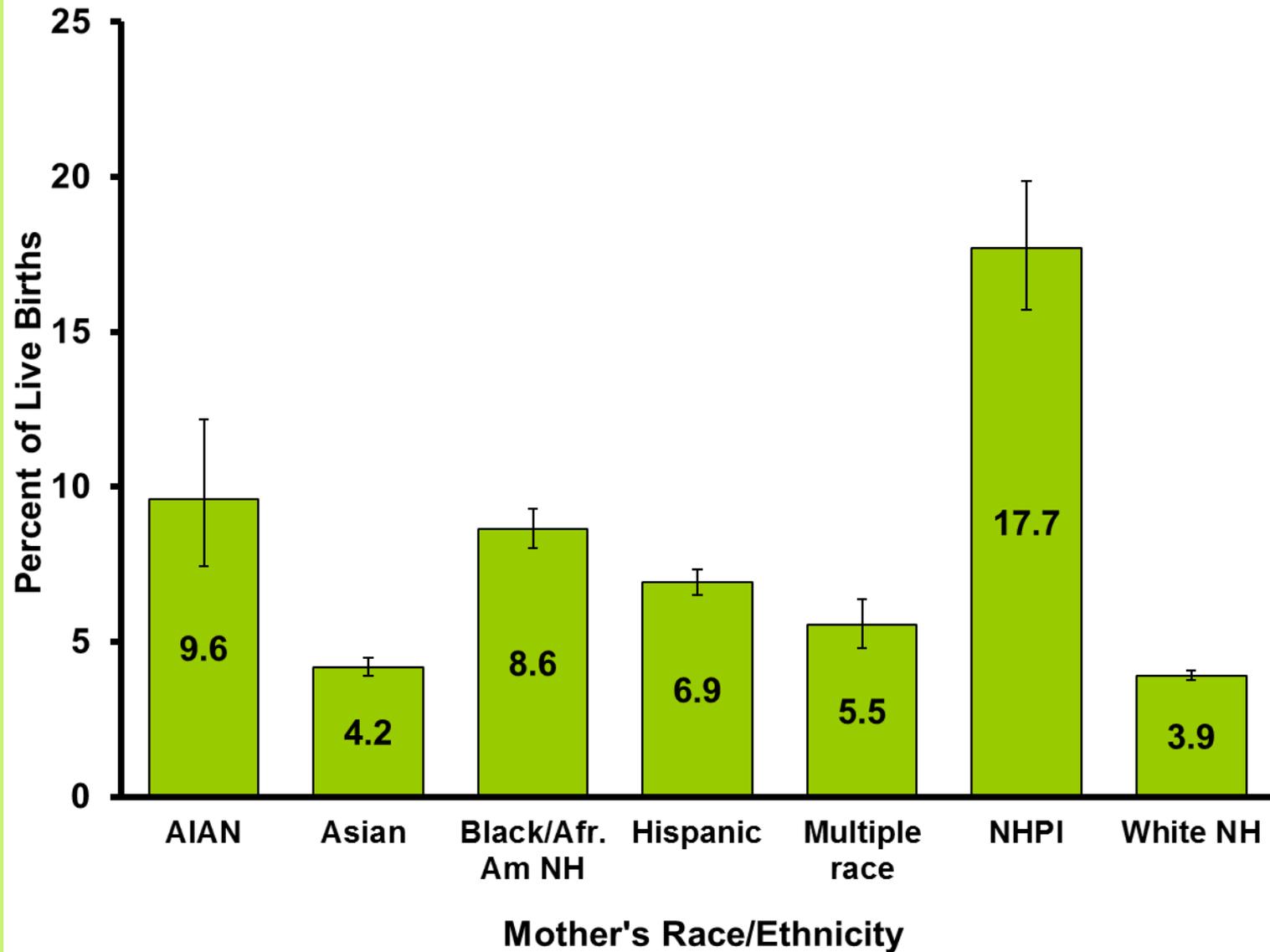
	Black/Afr. Am NH	American Indian/ AN	Asian	NHPI	Multiple Race	Hispanic
Care Began in 1st Trimester	69.8	66.1	79.9	51.2	75.4	71.1
Premature	12.9	16.2	10.0	13.9	10.8	11.1
Smoking During Pregnancy	7.9	23.3	1.7	10.5	17.0	3.2
Very Low Birth Weight (< 1500)	2.1	1.3	0.9	1.0	1.2	1.0
Moderate Low Birth Weight (1500-2499)	7.7	6.7	6.7	4.8	5.9	5.1

NH=non-Hispanic. AN=Alaska Native. NHPI=Native Hawaiian/Pacific Islander.

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Data Source: Birth Certificate Data, Washington State Department of Health, Center for Health Statistics.

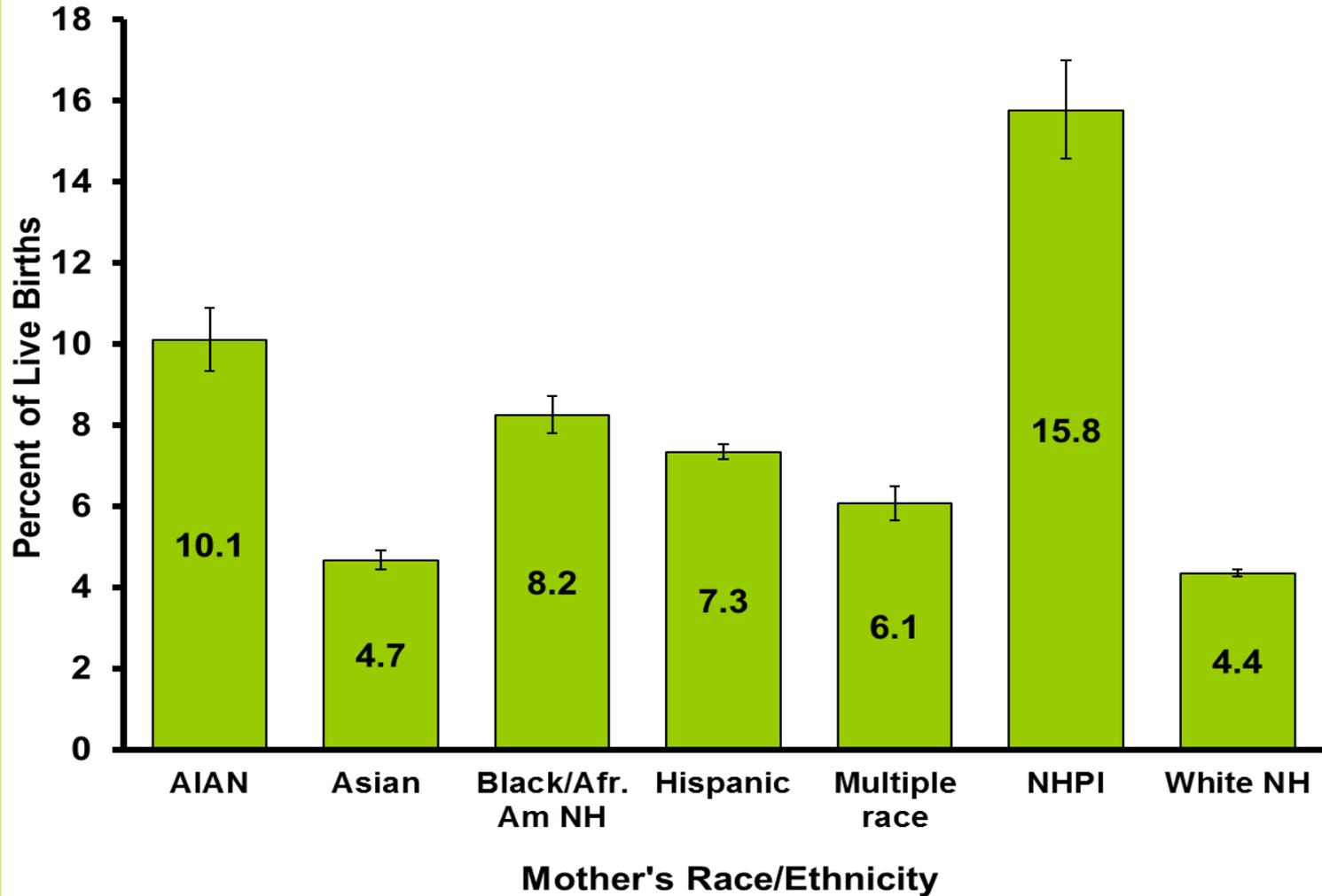
Late or No Prenatal Care by Race/Ethnicity of Mother, King County, 2007 - 2011 Combined



Data Source: WA State Department of Health, Center for Health Statistics, Birth Certificates

Produced By: Public Health - Seattle & King County; Assessment, Policy Development & Evaluation, 1/2014

Late or No Prenatal Care by Race/Ethnicity of Mother, Washington State, 2007 - 2011 Combined



Data Source: WA State Department of Health, Center for Health Statistics, Birth Certificates

Produced By: Public Health - Seattle & King County; Assessment, Policy Development & Evaluation, 1/2014



The Equal Start Community Coalition:

- 30+ community partners
- Representing 20+ community organizations:
 - Community based organizations
 - Public health
 - Community clinics
 - Universities
 - Non-profits



The Equal Start Community Coalition:

- Mission: to promote healthy mothers, healthy families and healthy communities.
- Goals: to prevent infant mortality by:
 - Promoting collaboration between communities & health care institutions to reduce infant mortality.
 - Promoting continuity of care for marginalized & at risk communities.
 - Eliminating institutional racism.
 - Advocating equality in health care.
 - Engaging leadership.
 - Impacting political processes.
 - Contributing to the education of present & future health care workers.



The Equal Start Community Coalition:

- **Executive Committee**

- Devon Love, Center for MultiCultural Health
- Emma Medicine White Crow, Governor's Interagency Council on Health Disparities
- Leah Tanner, Seattle Children's Center for Diversity; Global Alliance to Prevent Prematurity & Stillbirth
- Ben Danielson, MD, Odessa Brown Children's Clinic



Thank you!

- Eva Wong, PhD, Epidemiologist, Public Health – Seattle & King County
- Equal Start Community Coalition, members & Executive Committee
- Native American Women's Dialog on Infant Mortality
- CityMatCH Institute on Equity in Birth Outcomes
- Elizabeth R. Thomas, ARNP 1934 - 2011

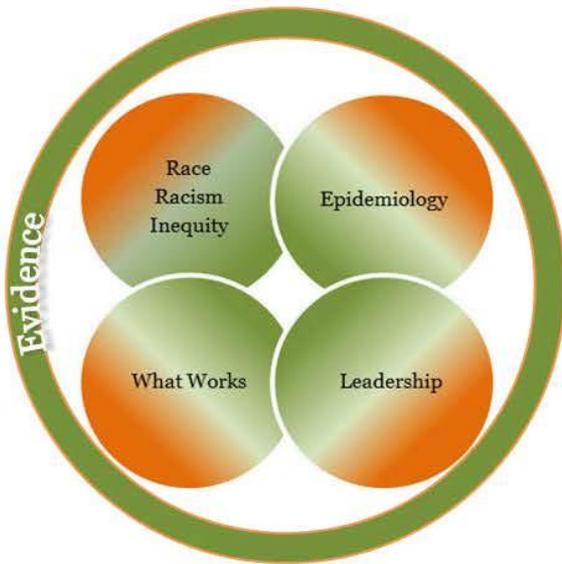
ESCC in CityMatCH Equity Institute



**PRESENTATION TO THE GOVERNOR'S
INTERAGENCY COUNCIL ON HEALTH
DISPARITIES**

FEBRUARY 12, 2014

Equity Institute Training



Institute for Equity in Birth Outcomes

A CityMatCH Health Equity Project funded by the W. K. Kellogg Foundation

Not Soon Enough...



- National Numbers...

NCHS Data Brief ■ No. 120 ■ April 2013

Recent Declines in Infant Mortality in the United States, 2005–2011

Marian F. MacDorman, Ph.D.; Donna L. Hoyert, Ph.D.; and T.J. Mathews, M.S.

Key findings

- Following a plateau from 2000 through 2005, the U.S. infant mortality rate declined 12% from 2005 through 2011. Declines for neonatal and postneonatal mortality were similar.
- From 2005 through 2011, infant mortality declined 16% for non-Hispanic black women and 12% for non-Hispanic white women.
- Infant mortality declined for four of the five leading causes of death during the 2005–2011

Infant mortality is an important indicator of the health of a nation (1,2). This report describes the recent decline in the U.S. infant mortality rate from 2005 through 2011. Changes in infant mortality rates over time are examined by age at death, maternal race and ethnicity, cause of death, and state. The linked birth/infant death data set (linked file) is generally the preferred source for infant mortality rates by race and ethnicity (3,4). This is particularly important for racial and ethnic groups other than non-Hispanic white, non-Hispanic black, and Hispanic. For these three groups, rates calculated from the mortality and linked files have been very similar for many years, and trends are unlikely to differ (3–5). Thus, data from the mortality file are used for this analysis because of their greater timeliness (3,6). Data for 2011 are preliminary (6). Because preliminary data are not available by state, data for the 2005–2010 period were used for the geographic analysis.

Keywords: infant death • trends • geographic differences • National Vital Statistics System

A Reminder...

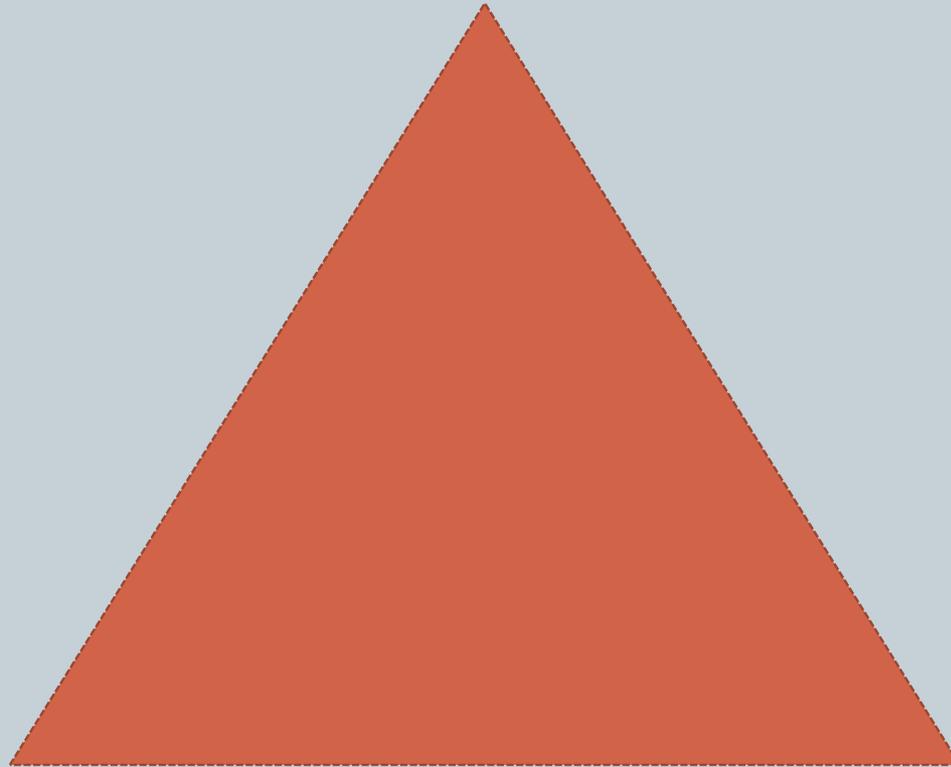


- “Health equity is the realization by **ALL people of the highest attainable level of health**. Achieving health equity requires **valuing all individuals and populations equally**, and entails **focused and ongoing societal efforts** to address avoidable inequalities by **assuring the conditions for optimal health** for all groups, particularly for those who have **experienced historical or contemporary injustices or socioeconomic disadvantage**.”

Triangulation of MCH Life Course Services



Maternal/family focused
resilience and responsibility



Clinical care
and systems
integration

Social
determinants

Looking Upstream



Our charge...



- Strive for a Collective Consciousness
- Find Political will, it takes courage
- Become a true ambassador for Health Equity and Social Justice
- Redefine your personal and professional values
- Start looking at the world as if we all came from “one womb” – Johnetta Cole
- “There is no them. There is only us.”
- Remember the POWER OF ONE is real
- Be willing to take The Risk
- Remember this has to be a MOVEMENT

Not Soon Enough...



- National progress toward equity in birth outcomes is encouraging, but not yet sufficient
- Some local jurisdiction are making progress through a mix of clinical, social determinant and resiliency initiatives, but we need to do a much better job of evaluating our efforts
- Shared EI belief: helping each other implement and evaluate effective initiatives will lead to more opportunity, more resources and accelerated gap reductions

Next Steps



- Enhance community collaborations
- Develop strategies
- Continued team meetings
- Progress on Ready, Set, Go...

Thank You...



- The Governor's Interagency Council on Health Disparities
- Public Health of Seattle & King County
- Equal Start Community Coalition
- The Community

Beyond Birth Outcomes: How Stress & Racism Impact the Generations



AGENDA

Thursday, January 16, 2014 – 8:00 am to 5:00 pm
Meydenbauer Center, Bellevue, WA

- 8:00 am** **Registration, Continental Breakfast and Networking**
- 8:30 am** **Welcome – Thomas Benedetti, MD, MHA & Maxine Hayes, MD, MPH**
- 8:45 am** **“Pregnancy in the Context of a Woman’s Life Span” – Michèle Curtis, MD, MPH, MML**
- 10:00 am** **BREAK/Networking**
- 10:30 am** **Digital Stories: “My Empowering Experience” & “Taking Care of You”**
- 11:00 am** **“The Social Determinants of Racial & Ethnic Group Disparities in Birth Outcomes” – James W. Collins, Jr., MD, MPH**
- 12:30 pm** **Networking LUNCH**
- 1:30 pm** **Video: “Native Generations”**
- 2:00 pm** **Leading to Solutions – Facilitated Discussion with James Collins and Michèle Curtis**
- 2:45 pm** **BREAK/Networking**
- 3:00 pm** **Panel – Model Practices:**
SeaMar Community Health Center’s Maternal Child Behavioral Health Project – Mayra Sanchez
Bastyr University Dept. of Midwifery’s efforts to eliminate institutional racism – Wendy Gordon
Centering Pregnancy in Washington – Gina Legaz
South Community Health Project, Vancouver B.C. – Jalana Grant
Open Arms Perinatal Services – Sheila Capestany
- 4:30 pm** **Wrap up- Ben Danielson, MD**

Presentations will be available online after the event: <http://www.marchofdimes.com/washington/>

Please find sign up sheets and certificates at table for continuing education credits.

Physicians can claim category two for this event. Please retain this agenda for your records.



DATE: February 12, 2014

TO: Members of the Governor's Interagency Council on Health Disparities

FROM: Emma Medicine White Crow, Chair

SUBJECT: REVIEW AND DISCUSS RECOMMENDATIONS OF THE PRIORITY SETTING WORKGROUP

Background and Summary:

At our September 2013 meeting, the Council created an ad-hoc priority setting workgroup consisting of Council members Marietta Bobba, Gail Brandt, Vazaskia Caldwell, and myself. The workgroup met on November 26, 2013 to begin the discussion about future priorities. At that meeting workgroup members reviewed a number of materials on past Council prioritization processes; current health priorities of the Governor, agencies, the racial/ethnic commissions, and community-based organizations; and health disparities data in Washington state and nationally.

At our December 2013 meeting, workgroup members reported back that they did not yet have a proposal for future priorities for the full Council's consideration. Instead, members thought it was important to obtain some input from the full Council on three topics: (1) processes Council members use to ensure they are adequately representing their agencies' perspectives when voting on motions, such as the selection of new priorities; (2) expanding the Council's focus beyond racial/ethnic and gender disparities to include disparities faced by other populations; and (3) adopting existing recommendations to decrease disparities rather than creating new recommendations through the Council's traditional advisory committee process.

The workgroup met again on January 30, 2013. Workgroup members discussed current Council priorities and reaffirmed the need to continue work on those priorities as follows:

- **CLAS Standards.** Council staff will work with Council members representing state agencies to share information on CLAS and provide technical assistance and training to encourage the creation of CLAS policies and adoption of CLAS standards within the state agencies they represent. Council staff will also work with other agencies at the local and state level as well as health care and community-based organizations to promote adoption of CLAS standards more broadly throughout the state.
- **State System (focus on language access).** Council staff will reconvene the ad hoc workgroup of Council members who have agreed to work on developing recommendations for the full Council's consideration. Workgroup members include Gail Brandt, Frankie

Manning, and myself. The workgroup is seeking at least one more volunteer to replace the seat vacated by former Council member Kendee Yamaguchi.

- **Adverse Childhood Experiences (ACEs).** Council staff will continue to monitor efforts in the state related to ACEs and keep the Council informed so the full Council and/or individual members can provide input when appropriate. Individual Council members with an interest in ACEs are encouraged to help keep the Council informed of opportunities as they arise.

In addition, the workgroup identified the following two new priorities that it would like the full Council to consider adopting:

- **Washington's Healthiest Next Generation.** Governor Inslee's request legislation, [HB 2643](#) / [SB 6383](#), relating to coordinating and expanding efforts with private and public partnerships to help ensure Washington's healthiest next generation, provides an opportunity for the Council to align its priorities with this statewide initiative to improve the health of Washington's children. The Council can add value to this work by convening an advisory committee to develop recommendations focused on reducing childhood obesity disparities experienced by children of color and other vulnerable youth and promoting health equity among these populations. The Council has the opportunity to provide its recommendations to the Governor's Council for the Healthiest Next Generation and its strategic work group for consideration in the work group's report due on December 31, 2014.
- **Inequities in Birth Outcomes.** In Washington state, American Indian and Alaska Native infants experience twice the infant mortality of Asians and whites, and their infant mortality rate has been increasing. Black infants also have elevated infant mortality compared to Asians and whites. Infant mortality rates for babies whose mothers receive Medicaid are higher than among mothers not receiving Medicaid. There are current efforts in the state to reduce these inequities in birth outcomes, many of which are at the local and community levels. The Council can add value to this work by convening an advisory committee to develop recommendations in collaboration with its state partners for state actions to promote equitable birth outcomes. Such recommendations can contribute to Governor Inslee's [Results Washington](#) indicator to decrease the percentage of African American infants born with low birth weight from 9.6% to 9.3% and the percentage of American Indian/Alaska Native babies born with low birth weight from 8.7% to 8.5% by 2016.

Recommended Council Action:

The priority setting workgroup proposes the following motion for the full Council's consideration:

Motion: The Council adopts Washington's Healthiest Next Generation and Inequities in Birth Outcomes as new priorities.

Hoff, Christy Curwick (DOH)

From: Brandt, Gail (DOH)
Sent: Thursday, January 30, 2014 1:29 PM
To: Hoff, Christy Curwick (DOH)
Subject: FW: Health Equity Webinar Series: SISTERS UNITED to Eliminate Infant Mortality Disparities

Good to share with council members.

From: info@dhpe.org [<mailto:info@dhpe.org>]
Sent: Thursday, January 30, 2014 1:18 PM
To: Brandt, Gail (DOH)
Subject: Health Equity Webinar Series: SISTERS UNITED to Eliminate Infant Mortality Disparities

Health Equity Webinar Series

SISTERS UNITED to Eliminate Infant Mortality Disparities: Practical Applications from the Arkansas Department of Health

February 25, 2014 at 2:00 p.m. Eastern Standard Time

[REGISTER FOR THIS WEBINAR](#)

Presenter:
Michelle R. Smith, PhD, MPH
Director, Office of Minority Health & Health Disparities
Arkansas Department of Health
Little Rock, Arkansas



Overview: According to the Centers for Disease Control and Prevention, about 25,000 infants die each year in the United States. The loss of a baby remains a sad reality for many families and takes a serious toll on the health and well-being of families, as well as the nation. In 2009, 315 babies died in Arkansas before their first birthday. African American babies accounted for 20% of total births. However, they accounted for 33% of infant deaths.

Arkansas has historically had one of the highest infant mortality rates in the U.S. In 2011, the infant mortality rate overall was 7.3 infant deaths per 1,000 live births. For African Americans, it was 11.8 infant deaths per 1,000 live births. In response to the infant mortality rate, the Arkansas Department of Health developed a community based initiative with graduate African American sororities across the state and formed a group known as Sisters United. The goal of this group is to raise awareness within the African American community and promote practices proven to reduce infant mortality. This webinar will provide an overview of the Arkansas Department of Health's efforts to address infant mortality through the Sisters United initiative.

Objectives: By the end of the webinar, participants will be able to:

- Describe the burden of infant mortality in Arkansas' African American communities.
- Describe a state health agency role in reducing infant mortality.

- Describe key components of an initiative aimed at reducing infant mortality.

Please share this email with your colleagues.

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<http://www.dhpe.org/members/EmailOptPreferences.aspx?id=18836516&e=gail.brandt@doh.wa.gov&h=7ddc329446ab19650b6081591da8be7f0892bbfc>.

**Department of Early Learning
2014 Bills of Interest**

Following are some key bills DEL is tracking during the 2014 session

Bill and Title	Sponsor	Status
HB 2105 Promoting transparency in government by requiring public agencies with government bodies to post their agendas online in advance of meetings	Rep. Hawkins	Executive Session in House Government Operations and Elections Committee on Jan. 22; Approved with amendments.
HB 2165 Concerning DEL fatality reviews	Rep. Kagi	Executive Session in House Early Learning and Human Services Committee on Jan. 22; Approved with amendments.
HB 2191 Concerning compliance with inspections of child care facilities (Companion SB 6234)	Rep. Scott	Public hearing held in House Early Learning and Human Services Committee on Jan. 22
HB 2282 Changing provisions to the Early Learning Advisory Council	Rep. Farrell	Executive Session in House Early Learning and Human Services Committee on Jan. 23; Approved.
HB 2329 Creating the breastfeeding-friendly Washington designation	Rep. Riccelli	Scheduled for public hearing in House Health Care and Wellness Committee on Jan. 29
HB 2350* Allowing valid portable background check clearance cards issued by the department of early learning to be used by certain educational employees and their contractors for purposes of their background checks (Companion SB 6093)	Rep. Senn	Scheduled for public hearing in House Education Committee on Jan. 29
HB 2352 Establishing an online alternative credit degree program	Rep. Sawyer	Scheduled for Executive Session in House Higher Education Committee on Jan. 28
HB 2377 Improving quality in the early care and education system (Companion SB 6127)	Rep. Hunter	Scheduled for Executive Session in House Early Learning and Human Services Committee on Jan. 30
HB 2519 Concerning early education for children involved in the child welfare system	Rep. Senn	Scheduled for public hearing House Early Learning and Human Services Committee on Jan. 27

This list does not reflect endorsement of any bill

<p>HB 2598 Clarifying the lead agency for the early support for infant and toddlers program</p>	Rep. Kagi	Referred to House Early Learning and Human Services Committee
<p>HB 2643 Concerning efforts with private and public partnerships to help produce Washington's healthiest next generation (Companion SB 6383)</p>	Rep. Farrell	Scheduled for public hearing in House Health Care and Wellness Committee on Jan. 29
<p>SB 6067 Requiring the department of early learning to adopt a single set of licensing standards for child care and ECEAP</p>	Sen. Billig	Heard in Senate Early Learning and K-12 Education Committee on Jan. 17
<p>SB 6068 Concerning the continuity and stability of child care</p>	Sen. Billig	Heard in Senate Early Learning and K-12 Committee on Jan. 17
<p>SB 6093* Allowing valid portable background check clearance cards issued by the department of early learning to be used by certain educational employees and their contractors for purposes of their background checks (Companion HB 2350)</p>	Sen. Rolfes	Scheduled for public hearing in Senate Early Learning and K-12 Education Committee on Jan. 31
<p>SB 6127 Improving quality in the early care and education system (Companion HB 2377)</p>	Sen. Litzow	Heard in the Senate Early Learning and K-12 Education Committee on Jan. 17
<p>SB 6181 Concerning child care subsidies and child support enforcement services</p>	Sen. Braun	Heard in Senate Human Services and Corrections Committee on Jan. 21
<p>SB 6234 Concerning compliance with inspections of child care facilities (Companion SB 2191)</p>	Sen. Padden	Scheduled for public hearing in Senate Human Services and Corrections Committee on Jan. 28
<p>SB 6383 Concerning efforts with private and public partnerships to help produce Washington's healthiest next generation (Companion HB 2643)</p>	Sen. Becker	Referred to Senate Health Care Committee

*DEL agency-request legislation

Updated January 24, 2014

This list does not reflect endorsement of any bill



Washington State Department of Early Learning

Race to the Top-Early Learning Challenge January 2014 Update

*Washington State Department of Early Learning sent this bulletin at 01/31/2014
05:22 PM PST*

<http://content.govdelivery.com/accounts/WADEL/bulletins/a27a57>



Washington State Department of Early Learning

Race to the Top-Early Learning Challenge Update | January 2014

Dear Washington early learning leaders,

2014 is shaping up to be a great year for young children in Washington! The Legislature is pursuing improvements to our early learning system and signaling its support for creating a high-quality early learning system that supports all children, prioritizing our most vulnerable children. Currently, bills are under consideration that would expand instructional time in the Early Childhood Education and Assistance Program (ECEAP), and better integrate ECEAP and the Working Connections Child Care subsidy program under Early Achievers as the quality framework.

Restructuring at DEL

DEL leaders recently led an agency restructuring to help ensure that the agency is optimally organized to drive toward improved outcomes for children and families. Our number-one goal is to provide high-quality early learning to more low-income children and families.

Washington's early learning system has been built piece by piece, over several decades. It is time to assess how these programs are all working together to form an integrated system to improve outcomes for young children. An integrated system means that a flexible set of services are offered based on the intensity of services needed by children and families.

The early learning community in Washington has worked hard over the past several years to take

the vision laid out in our Early Learning Plan. That means that we now have quality standards through Early Achievers, we have built additional capacity in the field, and we have thousands of providers who have joined or are eager to join. But we are not there yet. Our challenge now is to use the system we have built to the greatest extent possible. Below are a few of the changes that are taking place at DEL to help build the strongest early learning system possible.

Updates to ECEAP

ECEAP is becoming more fully integrated with Early Achievers. This does not mean that ECEAP will not continue to operate as a program or that anyone's funding as an ECEAP grantee is in jeopardy. It means that current ECEAP programs will receive additional support to meet the Early Achievers quality standards. ECEAP programs are required by statute to participate in Early Achievers by 2015, and we've heard that programs want additional support on some of the Early Achievers standard areas—particularly ERS and CLASS—to prepare. These additional supports will begin rolling out this spring.

Also, as we proceed with ECEAP expansion over the next several years, we will use these expansion slots to try new approaches to serving low-income children and families without disrupting current services or capacity in the field.

DEL is looking for ways to pilot new mixed-delivery models, and we are actively soliciting ideas for ways to reach more low-income children with full-day services.

Supporting infants and toddlers through Early Achievers

With all the focus on preschool-aged children in early learning, Washington leaders have been wise to continue ensuring infants and toddler are well-served. After all, those first three years of life are an unparalleled time of brain growth.

Washington has built what we have called "infant/toddler child care consultation" to support those working with infants and toddlers in child care. This work has been led by Thrive by Five Washington and DEL. This year, infant/toddler child care consultation will be fully aligned with and embedded in Early Achievers.

Early Achievers is about providing high-quality care for all children birth to five. It is a framework of quality elements that can be used in multiple program types or environments, and it's built using research about what works to improve outcomes for children. It's not about creating cookie cutter care—it's about ensuring that the elements of quality that are most important to children are present in all types of care.

The quality of care in the infant and toddler classrooms is often the lowest, and we want to better support these classrooms through Early Achievers. Ensuring a strong alignment with the consultation work that's been build through the infant/toddler initiative will help promote quality improvements for infant and toddler classrooms across Washington.

New data dashboard

[More data on Early Achievers progress in Washington is now available!](#) DEL will be updating this data monthly on the DEL website.

Thanks for everything you do to support young children in Washington!

Washington's Race to the Top-Early Learning Challenge Performance Tracker			
EARLY ACHIEVERS: LEVELS 2 TO 5			
As of December 31, 2013	Registered in EA	2013 Year End Targets	2013 Year End Progress
Total # of Programs	2,011	2,227	90%
Head Start and ECEAP Sites	215	388	55%
Licensed Child Care Programs	1,796	1,839	98%
<i>Family Home Child Care</i>	1,042	1,291	81%
<i>Child Care Centers</i>	754	548	137%
Total Children Served by EA	60,719	53,324	114%
Head Start Sites and ECEAP Sites	11,118	13,640	82%
Licensed Child Care Programs	49,601	39,684	125%
<i>Family Home Child Care</i>	7,111	8,282	86%
<i>Child Care Centers</i>	42,490	31,403	135%



Washington early learning in the news

[Washington State lawmakers aim to move day care beyond babysitting: Education Week](#)

[Math struggles start even before kindergarten, state says: Seattle Times](#)

"Being a part of Early Achievers has greatly benefitted my center, staff and classrooms. As a director, I'm always looking for ways to improve the overall quality of the center. The coaching piece has specifically helped me set goals and accomplish them with clear and attainable steps. Each teacher was also able to spend time with the coach to prepare for our rating, and to problem-solve over a new challenge. The Quality Enhancement grant was directly tied to a need with the center. We were able to purchase things that improved each classroom - even our families took notice of our changes! Early Achievers and the rating process have helped identify specific needs and are set up to support those changes. We're excited to participate another year!" -- Desiree, Early Achiever Participant, Fruit Valley, WA

Governor's Interagency Council on Health Disparities 02/12/14 Updates

1. Health Care Reform

- a. Even if you do not see your day-to-day work impacted by the Affordable Care Act (ACA), the impact on the overall health system will be profound. Over the next five to ten years you will see changes to your own health insurance and the health system in which you and your family receive care. The department of Health has developed staff training on ACA basics. These trainings, available in-person and through a webinar—covers the basics of ACA and health system transformation.
- b. As you know, Washington is leading the nation in the enrollment part of health care reform. However, reaching minority groups, including Latinos, it is still challenging, due to cultural barriers. Here is a toolkit, with valuable information to consider when delivering outreach services to Latinos. Current issues include enrolment and navigating health care reform. Targeting all youth in Washington, also known as “Young Invincibles” is creating enrollment challenges as well. <http://www.getcoveredamerica.org/action-center/toolkits/constituency-specific-toolkits/latinos/>

2. Immunizations

“Plain Talk About Childhood Immunization” booklet updated and translated

The Office of Immunization and Child Profile worked with the Immunization Action Coalition of Washington, Public Health--Seattle & King County, and other partners to update the booklet, “Plain Talk About Childhood Immunization.” The 50-page booklet, now in its seventh edition, gives parents accurate and detailed information to help them make informed immunization decisions for their child. It also includes a message to parents from State Health Officer Dr. Maxine Hayes. Find the booklet online and order it in print after January 1, 2014. It will be available in English, Spanish, and, for the first time, Russian. *Contact: Lonnie Peterson at 360-236-3529* Lonnie.Peterson@doh.wa.gov

Childhood Immunizations in Washington State Russian-Speaking Populations: A Lesson in Culturally Competent Approaches

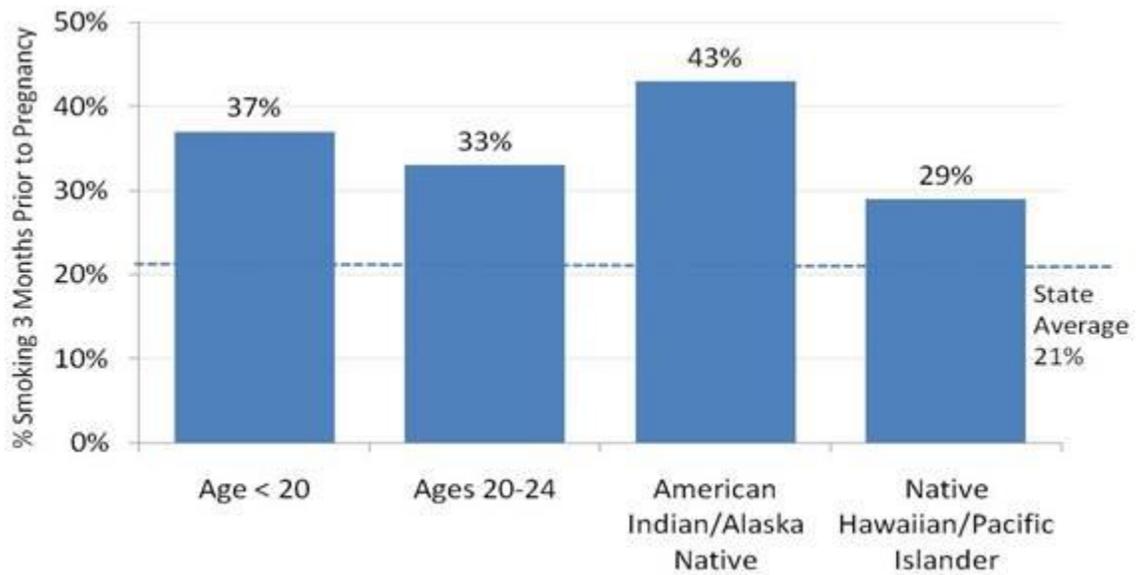
Problem background: Children of Russian-speaking parents have had the lowest childhood immunization rates in Washington State since at least 2008.

Goal: The goal of this research project was to learn tailored ways to improve childhood vaccination rates among the Russian-speaking population in Washington. To achieve this, the Office of Immunizations conducted in-depth research to identify factors contributing to low rates and recommendations to improve rates.

Potential for replication: This project has very good replication potential for other limited English proficiency audiences and issues of concern. These include: 1) network with local coalitions and local health departments to help identify a variety of key informants to partner with, 2) leverage key informants by encouraging them to promote focus groups to audience members, screen parents, and register parents for focus groups, 3) offer financial incentives for attending a focus group, and 4) hire and train a certified translator to conduct the focus groups if your organization or key informants are not able to conduct them in the audience's native language. We also recommend focus groups be audio recorded for translation into English, and to debrief with the facilitator(s) after each focus group.

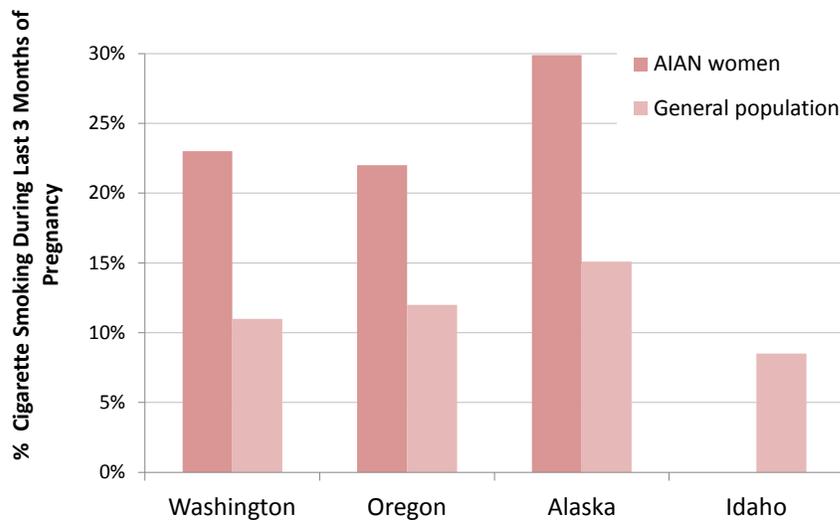
Innovation: The department collaborated with a wide array of partners to be inclusive and as strategic as possible. We reached out to and worked with key informants serving as Russian-speaking pediatricians, health educators, social workers, academics, religious leaders, and cultural experts in the three counties we targeted. The department combined three types of formative research—literature review, key informant interviews, and focus groups. The three types of research used built on each other, and helped identify reinforced key findings. Findings from literature review helped form questions and prompts during key informant interviews. Likewise, some questions and prompts during focus groups were guided from findings from both literature review and key informant interviews. The department used culturally-competent steps in each phase of research, which evidence shows to increase effectiveness. During literature review, we assessed recent studies in both the United States and Russian-speaking countries, as experiences in home countries have helped shape their attitudes and norms about vaccination. Questions asked during interviews with key informants gave better insight into the audience's social life, culture, health beliefs, and helped inform effective places and ways to make the focus groups even more successful. Key informants chose focus group sites. The department offered on-site child care by Russian-speaking providers, served some traditional Russian foods as refreshments, and conducted the four focus groups in Russian. For a copy of the full report, contact Brandon.prall@doh.wa.gov

3. Tobacco Prevention and Control



Above are high risk groups for smoking during pregnancy (PRAMS 2007-2009) for WA State and includes women who report tobacco use prior to pregnancy – these women are likely to be smoking while pregnant before they find out they are pregnant. Many quit when they find out they are pregnant (Julia’s slide below are women who smoke during the last 3 months of pregnancy). It would be good to see where they are at 6 months after birth of their child.

Smoking During Pregnancy



4. New razor clam warning sign - The Health Promotion and Communication Section and Environmental Public Health’s Office of Shellfish and Water Protection created a

new beach warning sign. The sign is reflective. It warns people to avoid clam digging in a small, polluted section of a long razor clam beach north of Ocean Shores. It includes a map showing the closed area. There is also a Quick Response (QR) Code for harvesters with smartphones. The QR code takes people to a website with information about safe shellfish harvesting. The website also has a clickable map showing the health status of public shellfish beaches. Contact: *Don Martin* at Don.Martin@doh.wa.gov or 360-236-3707 or *Jule Schultz* at Jule.Schultz@doh.wa.gov or 360-236-3349

5. **Human Resources** - One of the Washington State Department of Health’s (DOH) goals is to increase diversity within our leadership team (Officials and Administrators Job Group). To help achieve this goal, the DOH Recruitment Team is looking to partner with statewide Councils, Committees, and Commissions. At your September 2014 meeting, we would like a few minutes to introduce ourselves and share how your partnership can help DOH accomplish our goal.
6. **WIC** – a priority of the department of health is to increase the initiation and duration of breastfeeding. Here are the latest data on state rates by county

Washington State WIC Breastfeeding Reports by County for 2012

County	Breastfeeding Initiated	All infants More than 4 weeks	Breastfed infants > 6 months
Adams	89.1%	71.7%	70.7%
Asotin	90.9%	72.7%	10.0%
Benton	84.3%	61.8%	49.3%
Chelan	78.0%	52.0%	46.2%
Clallam	84.0%	80.0%	71.4%
Clark	86.3%	68.7%	44.9%
Columbia	100.0%	100.0%	0.0%
Cowlitz	78.9%	49.1%	22.2%
Douglas	76.9%	69.2%	90.0%
Ferry	100.0%	100.0%	50.0%
Franklin	83.0%	61.6%	30.1%
Garfield	0.0%	0.0%	0.0%
Grant	91.0%	66.0%	44.0%
Grays Harbor	85.4%	75.6%	68.6%
Island	91.4%	77.1%	43.8%
Jefferson	100.0%	70.0%	50.0%
King	90.0%	74.8%	54.8%

Kitsap	82.2%	58.4%	34.1%
Kittitas	93.8%	68.8%	46.7%
Klickitat	100.0%	58.3%	25.0%
Lewis	91.1%	66.7%	31.7%
Lincoln	50.0%	25.0%	50.0%
Mason	89.7%	59.0%	37.1%
Okanogan	91.5%	85.1%	51.2%
Pacific	93.8%	87.5%	60.0%
Pend Oreille	100.0%	75.0%	75.0%
Pierce	79.7%	59.8%	42.2%
San Juan	100.0%	100.0%	100.0%
Skagit	92.8%	73.5%	50.6%
Skamania	100.0%	100.0%	100.0%
Snohomish	89.4%	75.2%	55.3%
Spokane	81.5%	66.5%	47.0%
Stevens	86.7%	73.3%	50.0%
Thurston	92.3%	71.2%	43.8%
Wahkiakum	66.7%	50.0%	50.0%
Walla Walla	80.6%	58.1%	48.0%
Whatcom	92.4%	77.2%	47.1%
Whitman	85.7%	71.4%	33.3%
Yakima	77.4%	58.1%	38.7%

7. Community Transformation Grants

The Community Transformation Grant, funded by the Affordable Care Act (Prevention and Public Health Fund), has enabled us to do the following here in Washington.

- Assist Public Housing Authorities to educate residents on and implement smoke free housing policies. Focusing on making public housing healthier has a higher impact on people who experience health disparities across the state. 31 of 38 Housing Authorities now have smoke free policies.
- Create a successful Community Health Worker (CHW) training program. To date, 332 CHWs have completed the 8 week core competency training and over 150 are enrolled in our 1st qrt 2014 session. Additionally, the CHW training program offers a Understanding Disparities & Social Determinants Health Specific Module for students who complete the core competency curriculum. To date, 24 CHWs have completed this course. CHWs are the direct link between communities and receiving preventive healthcare services. Some of the CHW are bilingual, helping expand the connections between community members and their medical teams.

- Develop Healthy Nutrition guidelines and an implementation guide for state agencies through the Healthy Food Procurement Workgroup. As the Governor's Worksite Wellness Executive Order goes into effect, the prison populations will be affected by these new policies. Our prisons have a minority incarceration rate that is higher than the state population rate. More people experiencing health disparities will have access to healthier food.

8. WIC Enrollment

Staff are renewing outreach efforts as caseloads drop. The program has dropped from a high of 198,000 in 2009 to 181,000 just four years later. A possible cause is the three threatened government shutdowns.