

9:45 a.m.	CALL TO ORDER & INTRODUCTIONS	Emma Medicine White Crow, Council Chair
9:50 a.m.	1. Approval of Agenda —Action	Emma Medicine White Crow, Council Chair
9:55 a.m.	2. Approval of February 12, 2014 Minutes —Action	Emma Medicine White Crow, Council Chair
10:00 a.m.	3. Announcements and Council Business	Christy Hoff, Council Staff
10:10 a.m.	4. Update—CLAS Project	Yris Lance, Council Staff
10:30 a.m.	5. Briefing—Health Impact Reviews	Sierra Rotakhina, Council Staff
11:10 a.m.	6. Briefing—Department of Health's Health Equity Workgroup	Gail Brandt, Council Member Dennis Worsham, Department of Health
11:30 a.m.	7. Briefing—Washington State Department of Transportation's Civil Rights Programs	Emma Medicine White Crow, Council Chair Jonté Sulton, Washington State Department of Transportation
12:00 p.m.	LUNCH	
1:00 p.m.	8. Briefing—Statewide ACEs Initiatives	Emma Medicine White Crow, Council Chair Tory Henderson, ACEs Public-Private Initiative and Department of Health Kathy Adams, ACEs Public-Private Initiative and Community Public Health and Safety Networks Erinn Havig, ACEs Public-Private Initiative and Department of Early Learning Marilyn Gisser, Essentials for Childhood, Department of Health
2:00 p.m.	9. Public Comment	
2:40 p.m.	BREAK	
2:50 p.m.	10. Review and Discuss State System Workgroup Recommendations on Language Access —Possible Action	Emma Medicine White Crow, Council Chair Gail Brandt, Council Member Nora Coronado, Council Member Frankie Manning, Council Vice Chair Millie Piazza, Council Member
3:20 p.m.	11. Review and Discuss Action Plan Update —Possible Action	Emma Medicine White Crow, Council Chair Christy Hoff, Council Staff
4:00 p.m.	12. 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 Melanie Hisaw at the Board office at (360) 236-4110 by May 8, 2014. This meeting site is barrier free. Emergency contact number during the meeting is (360) 701-2398.



Final 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 complement 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 20, 2014

Chad Abresch, MEd
Executive Director, CityMatCH
University of Nebraska Medical Center
982170 Nebraska Medical Center
Omaha, NE 68198-2170

Dear Mr. Abresch:

We are pleased to submit this letter of support for CityMatCH and its application to the Maternal and Child Health Bureau, *Supporting Healthy Start Performance Project*. CityMatCH is a longstanding leader in the field of maternal and child health and has a strong vision for coordinating and aligning the efforts of all 100+ grantees across the nation.

Through our previous experiences collaborating with CityMatCH, we are confident in its ability to provide effective technical assistance; develop and deliver innovative training strategies; ensure the transfer of innovations, best-practices, and adaptations of evidence-based models; and disseminate relevant and reliable information on infant mortality, perinatal health, and health equity.

The Governor's Interagency Council on Health Disparities is dedicated to eliminating health inequities by race/ethnicity and gender in Washington state, including inequities in birth outcomes. We have enjoyed our collaborative relationship with the Equal Start Community Coalition and the CityMatCH Institute for Equity in Birth Outcomes—Cohort 2. We look forward to ongoing collaboration to improve maternal and child health and eliminate persistent upstream inequities that result in birth outcome disparities.

Sincerely,



Emma Medicine White Crow, Chair



STATE OF WASHINGTON
GOVERNOR'S INTERAGENCY COUNCIL ON HEALTH DISPARITIES

Washington State Board of Health

PO Box 47990 • Olympia, Washington 98504-7990

March 17, 2014

Gail Brandt, MPH, EdD
Health Equity Manager, Office of Healthy Communities
Washington State Department of Health
PO Box 47855
Olympia, WA 98504

Dear Ms. Brandt:

The Governor's Interagency Council on Health Disparities is pleased to submit this letter of support for the Washington State Department of Health's proposal to the *Health Impact Project*; a collaborative of the Robert Wood Johnson Foundation and Pew Charitable Trust. We support your agency's past efforts to develop an Equity Impact Review Planning Tool to ensure agency policies and practices work to promote equity. Moreover, we support your plans to incorporate the use of the tool in ongoing agency decision making processes in a systematic way.

The Governor's Interagency Council on Health Disparities is dedicated to eliminating health inequities by race/ethnicity and gender in Washington state. One of our statutory responsibilities is to "conduct public hearings, inquiries, studies, or other forms of information gathering to understand how the actions of state government ameliorate or contribute to health disparities." As such, we are dedicated to addressing biases in the state system and see the Equity Impact Review Planning Tool as a potential strategy to assist with this important effort.

We look forward to learning from your experiences and results and hope that your findings may provide a model for the Council's 13 other member agencies, boards, and commissions. Likewise, our members can offer assistance by providing guidance as the Department of Health examines and revises internal processes, as we would welcome the opportunity to support your success.

We thank you for your ongoing efforts to promote health equity and reduce health disparities in Washington state and wish you the best of luck with your proposal.

Sincerely,



Emma Medicine White Crow, Chair



STATE OF WASHINGTON
GOVERNOR'S INTERAGENCY COUNCIL ON HEALTH DISPARITIES

Washington State Board of Health

PO Box 47990 • Olympia, Washington 98504-7990

April 2, 2014

Blaine Rhodes
Public Health Laboratories
Washington State Department of Health
Mailstop K17-9: 1610 NE 150th Street
Shoreline, WA 98155-9701

Dear Mr. Rhodes:

The Governor's Interagency Council on Health Disparities supports the Washington State Department of Health's application to the Centers for Disease Control and Prevention to increase the capability and capacity of the Public Health Laboratories to conduct biomonitoring (CDC-RFA-EH14-1402).

Biomonitoring data generated by the Department of Health has already assisted with understanding exposures among high risk subpopulations, including low-income residents. Such data will be useful in providing education and concrete action steps community members can take to reduce exposures and promote health. We applaud your future project goals to assess mercury levels among the same population of low-income residents. We understand there may be concern that skin whitening creams commonly used by some Somali communities may contain mercury and your proposed biomonitoring study will help to provide more information on this potential health disparities issue.

The Governor's Interagency Council on Health Disparities is dedicated to eliminating health disparities by race/ethnicity and gender in Washington state. One of the Council's priorities is environmental exposures and hazards and our recommendations have focused on actions the state can take to promote environmental justice. The Council and its member agencies look forward to learning from your study and exploring ways to ensure results are shared and translated into prevention measures that communities can use. We offer our assistance, as we welcome opportunities to support your success.

We thank you for your ongoing efforts to promote environmental health and health equity and wish you the best of luck with your proposal.

Sincerely,

Emma Medicine White Crow, Chair



HEALTH EQUITY

Governor's Interagency Council
on Health Disparities



Implementing CLAS Standards in Washington State

From September 2013 through August 2015, the Council is implementing a two year project to promote the adoption of the National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) among government agencies and health/healthcare organizations.

The project aims to assist organizations meet state and federal requirements

- Title VI of the Civil Rights Act of 1964 prohibits recipients of federal funding from discriminating on the basis of race, color, or national origin.
- US Supreme Court decisions include discrimination against people with limited English proficiency as a form of discrimination by national origin.
- RCW 43.60.030 ensures freedom from discrimination to be a recognized and declared civil right.

Organizations participating in this project receive information, resources, training, and technical assistance on adopting CLAS policies and implementing strategies to meet the 15 CLAS Standards.

This project is supported through a grant from the U.S. Department of Health and Human Services Office of Minority Health.

About the CLAS Standards:

The enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for individuals as well as health and health care organizations to implement culturally and linguistically appropriate services. The enhanced Standards are a comprehensive series of guidelines that inform, guide, and facilitate practices related to culturally and linguistically appropriate health services.

Additional resources are available on the Office of Minority Health's Think Cultural Health website: www.ThinkCulturalHealth.hhs.gov.

For more information, please contact:

Yris Lance, MA
CLAS Project Manager
Governor's Interagency Council on
Health Disparities
360-236-4109: office
360-480-2057: cell
yris.lance@sboh.wa.gov

GOVERNOR'S INTERAGENCY COUNCIL ON HEALTH DISPARITIES

PO Box 47990 • Olympia WA 98504-7990

Phone: 360-236-4110 • Fax: 360-236-4088 • E-mail: healthequity@doh.wa.gov • <http://healthequity.wa.gov>

Twitter: @WAHealthEquity • Facebook: <http://facebook.com/WAhealthequity>

About the Interagency Council on Health Disparities

The Governor's Interagency Council on Health Disparities was established by the Legislature in 2006. The Council is charged with the following tasks:

Action Plan: Create a state action plan for eliminating health disparities by race/ethnicity and gender in Washington state. Provide regular updates to the Governor and Legislature

Advisory committees: Establish advisory committees to assist the Council with its recommendations.

Language Assistance: Issue recommendations for improving the availability of culturally appropriate health literature and interpretive services within public and private health-related agencies.

Communication: Promote communication among state agencies and between state agencies and communities of color, the public sector and the private sector to address health disparities.

Information gathering: Work to understand how the actions of state government ameliorate or contribute to health disparities.

Health impact reviews: Collaborate with the Board in the development of health impact reviews requested by the Governor or the Legislature.

Current Priorities:

- **Culturally and Linguistically Appropriate Services (CLAS).** The Council is working to promote adoption of CLAS policies and procedures among state agencies, health-related organizations and community-based organizations.
- **State System (focus on language access).** The Council has convened a workgroup to identify strategies to ensure people with limited English proficiency have meaningful access to state services and information.
- **Adverse Childhood Experiences (ACEs).** The Council will monitor efforts in the state to address ACEs and provide input when appropriate.
- **Childhood Obesity.** The Council will convene an advisory committee to develop recommendations to reduce disparities in obesity experienced by children of color and other vulnerable youth. The Council will align its efforts with other state initiatives.
- **Inequities in Birth Outcomes.** The Council will convene an advisory committee to develop recommendations to promote equitable birth outcomes in ways that contribute to Results Washington indicators to reduce the percentage of African American and American Indian/Alaska Native babies born with low birth weight.

Enhanced Standards for Culturally and Linguistically Appropriate Services 2013

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

- Promote CLAS at all levels of the agency
- Build a diverse workforce
- Develop skills in CLAS

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

- Offer language assistance
- Inform people they can get assistance
- Ensure competence of those providing language services
- Provide easy-to-understand materials

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

- Infuse CLAS in planning and operations
- Conduct organizational assessments
- Collect and maintain demographic and language data
- Assess community assets and needs
- Partner with the community
- Create grievance processes
- Communicate progress on CLAS



Health Impact Reviews

Governor's Interagency Council on Health Disparities

May 15, 2014

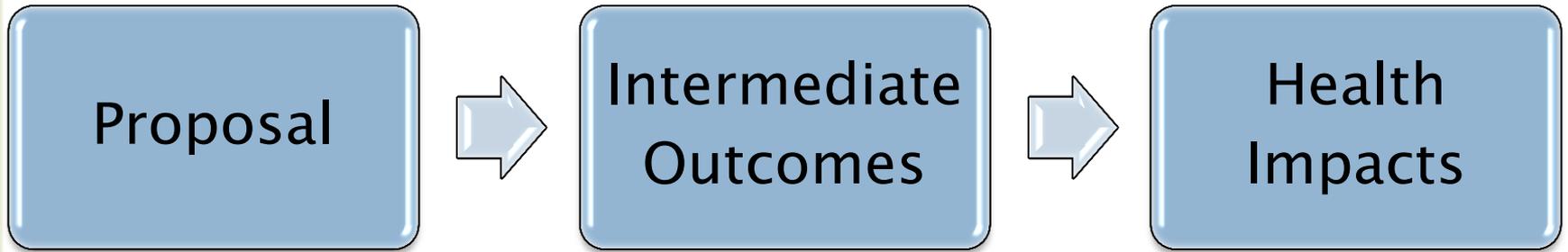
Overview

- ▶ Health impact review outreach strategy
- ▶ Review process and format
- ▶ Health impact reviews conducted this session
- ▶ Reviews requested for the interim

Outreach Strategy



Review Process



Strength-of-Evidence

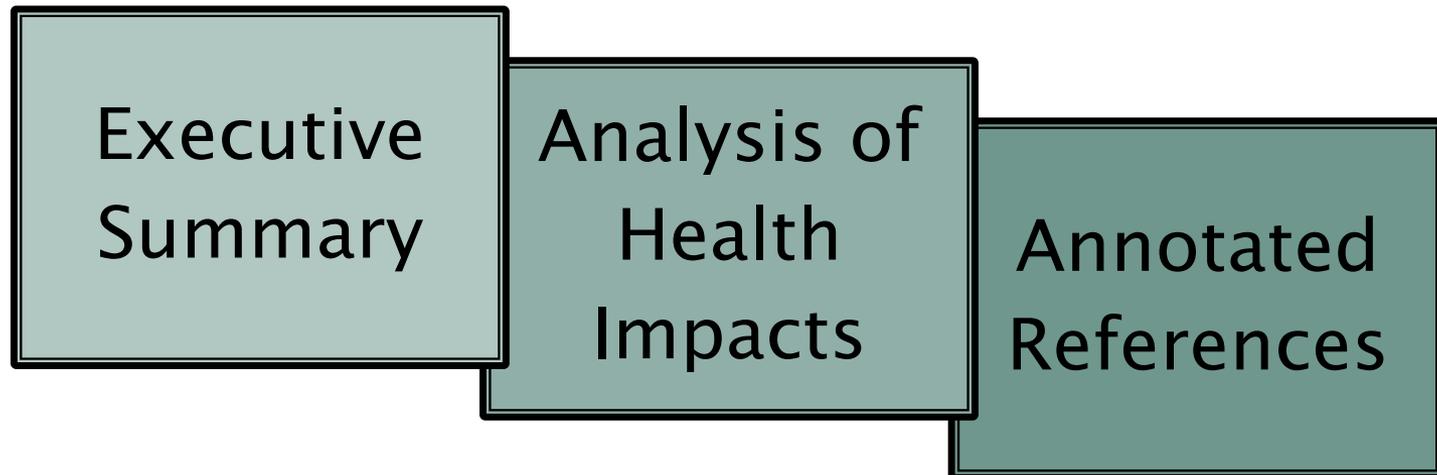
Very Strong

Strong

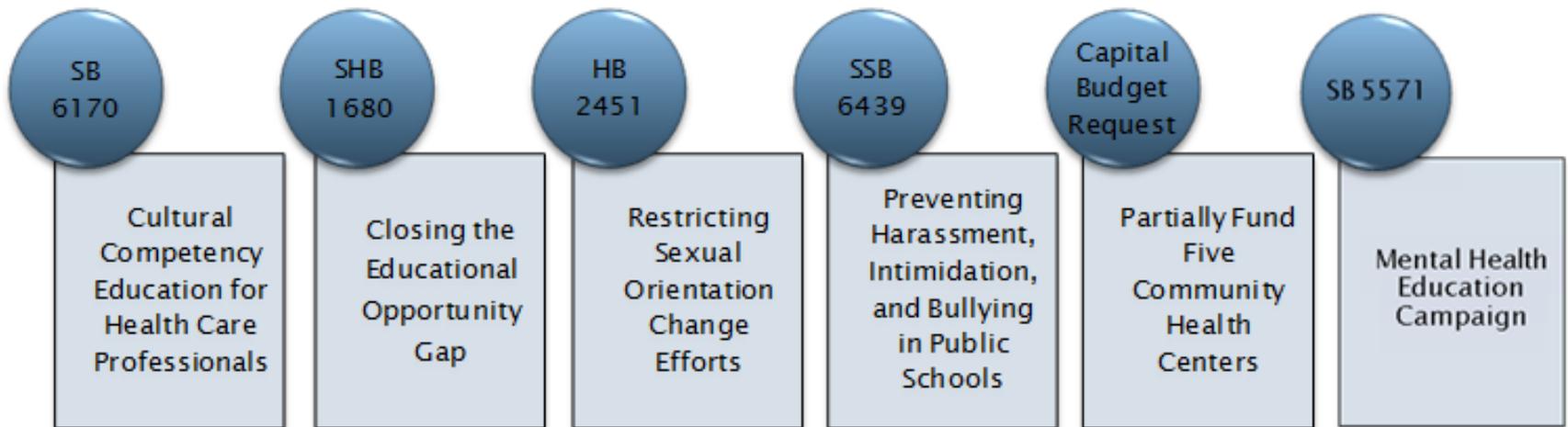
Some

Minimal

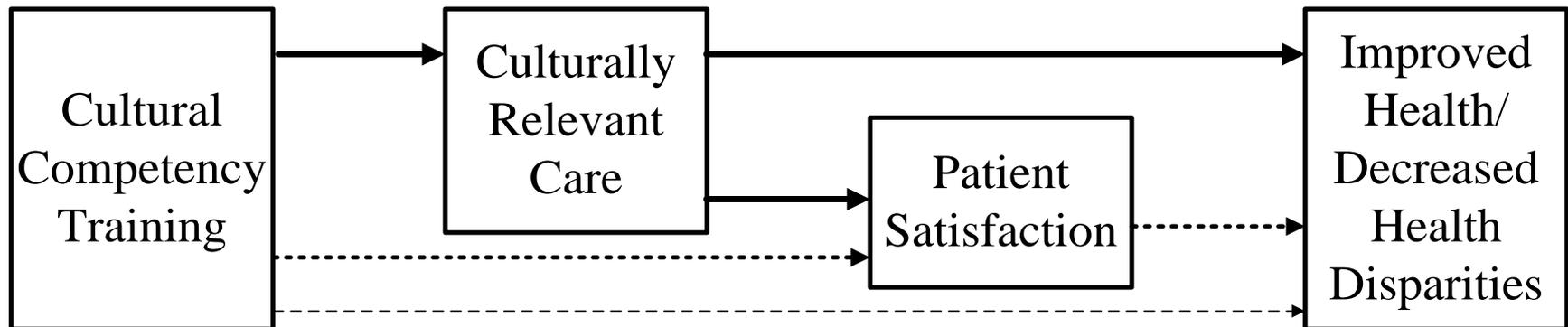
Review Format



2014 Legislative Session Health Impact Reviews



SB 6170



SHB 1680

Student Discipline

Cultural Competence

Instructing English Language Learners (ELL)

ELL Accountability

Disaggregated Data

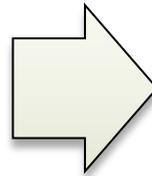
Educators of Color

SHB 1680



HB 2451

Restricting
Sexual
Orientation
Change
Efforts



Decreased
Health
Disparities

SSB 6439



Community Health Centers' Capital Budget Request



SB 5571

Mental
Health
Campaign



Increased
knowledge,
decreased
stigma, and
positive
behavior
change



Decreased
Health
Disparities

Interim Requests

Health Care

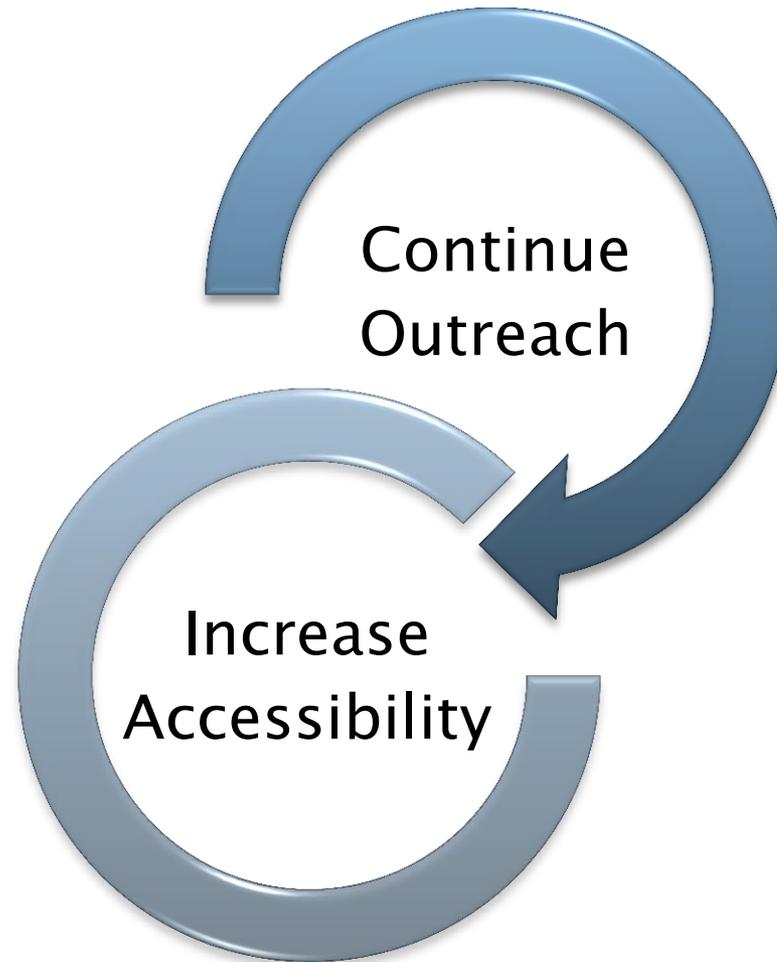
Employee Wellness

Emergency Response

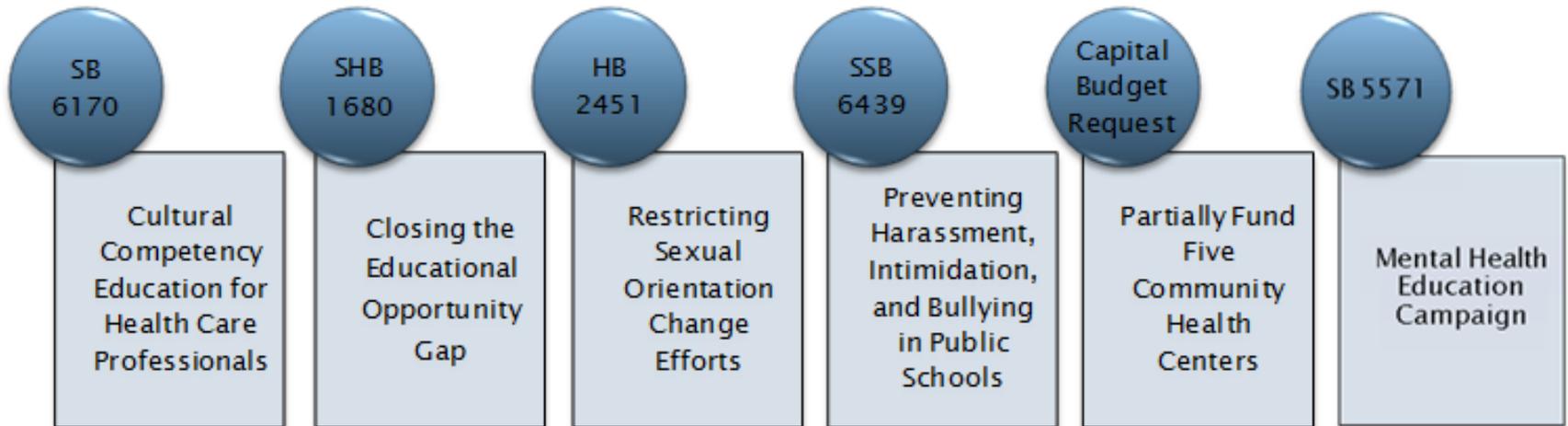
Developmental Screening

Education

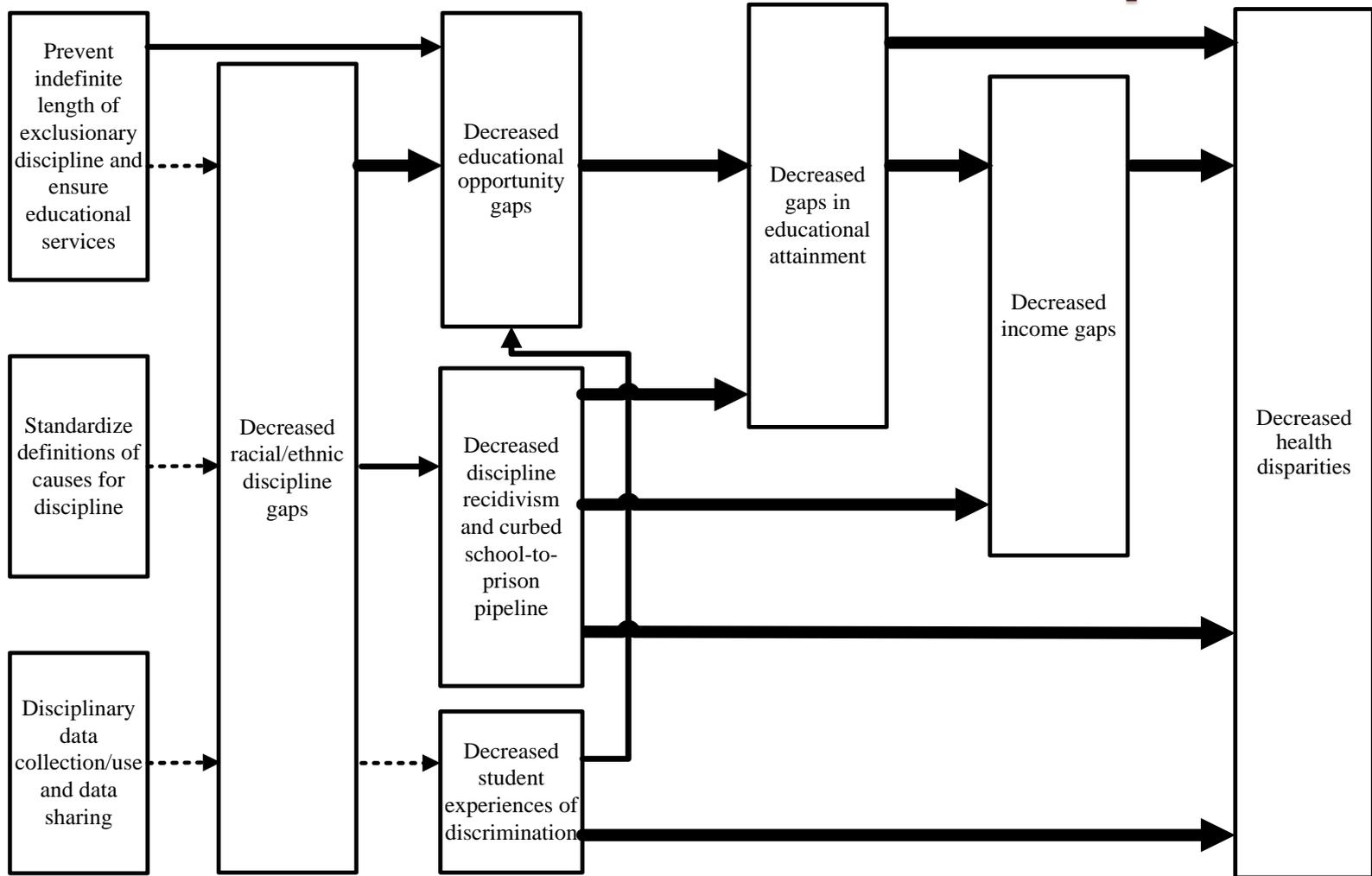
Moving Forward



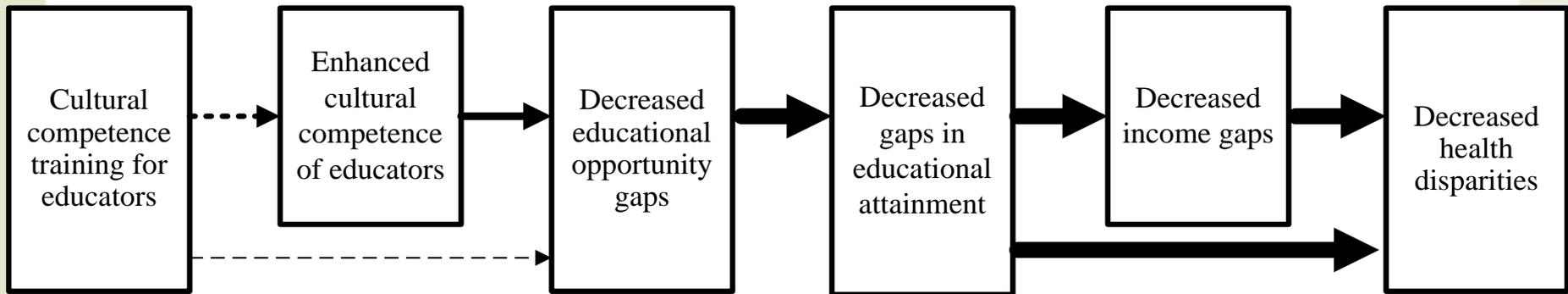
2014 Legislative Session Health Impact Reviews



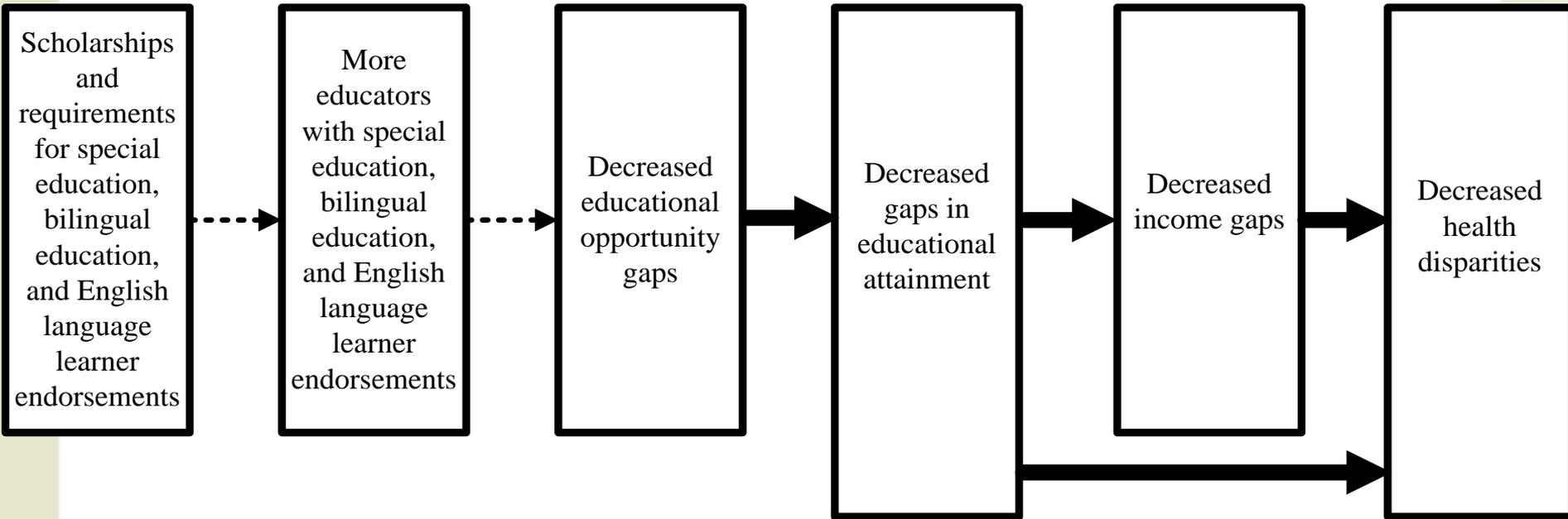
SHB 1680: Student Discipline



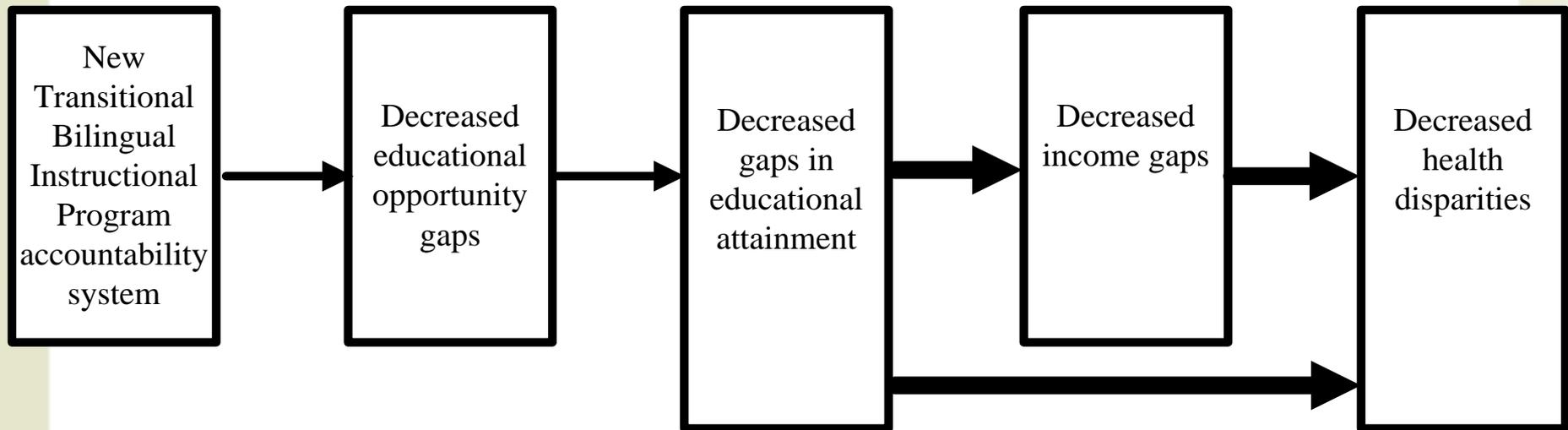
SHB 1680: Cultural Competence



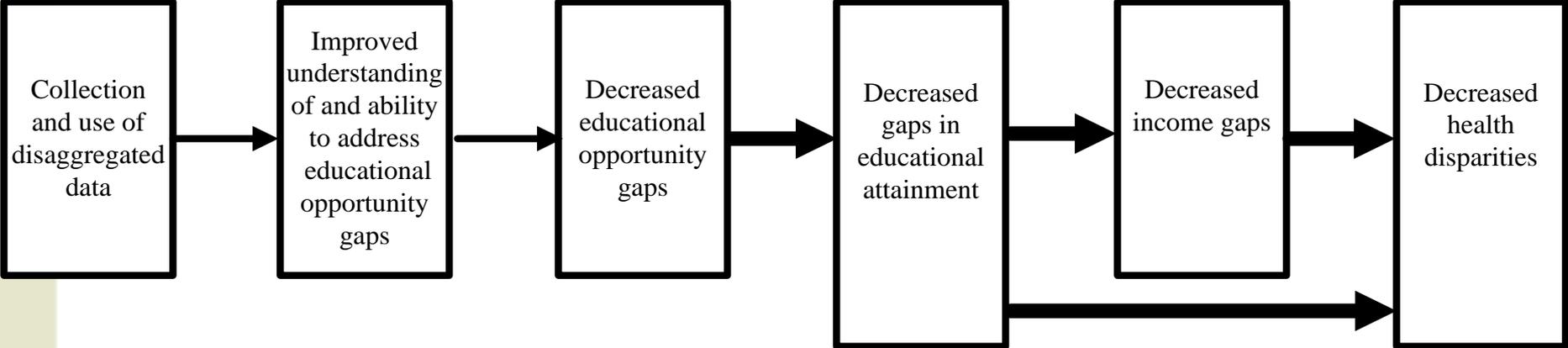
SHB 1680: Instructing ELLs



SHB 1680: ELL Accountability



SHB 1680: Disaggregated Data



HB 2451

Restrict sexual orientation
change efforts on patients
under age 18

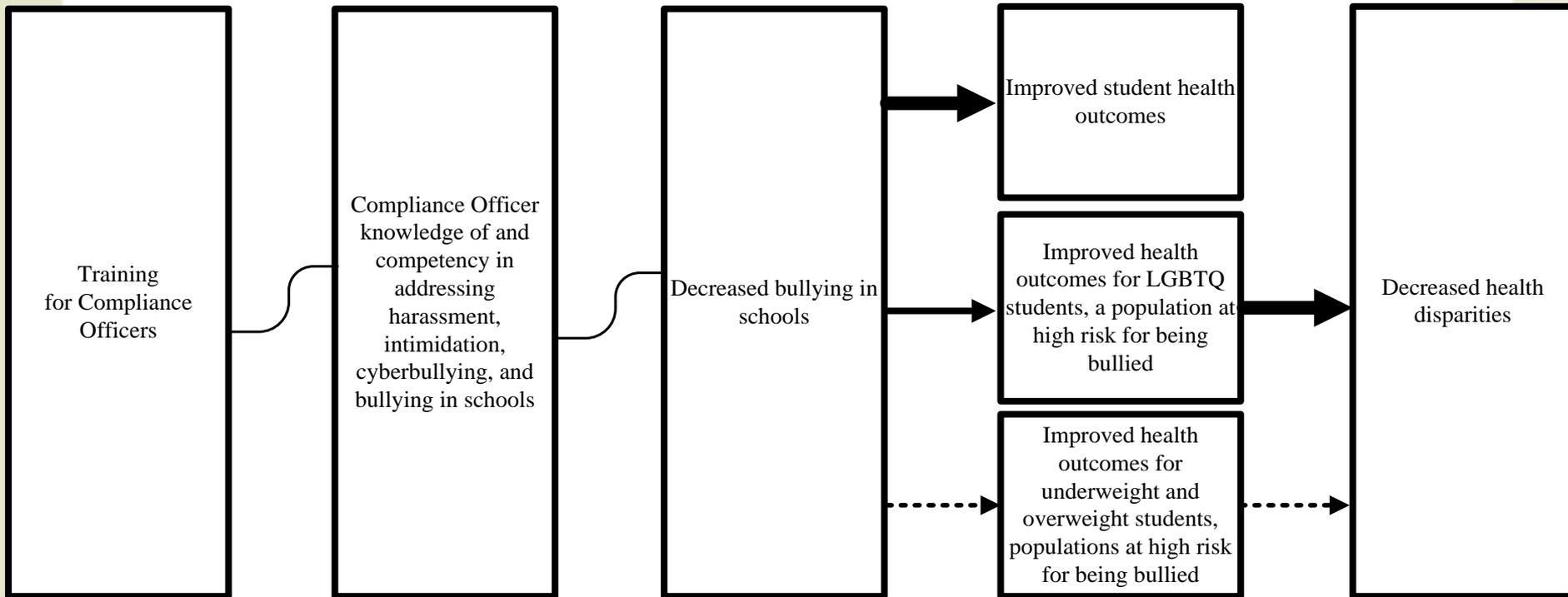


Decreased risk of harm and
improved health outcomes
for LGBTQ* patients

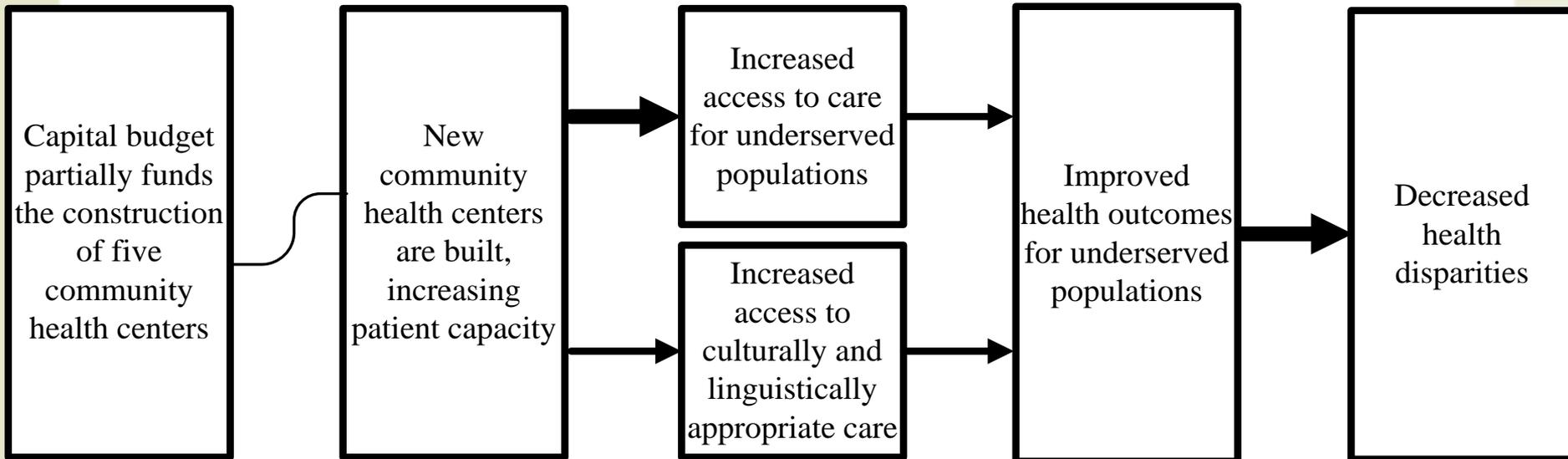


Decreased health disparities

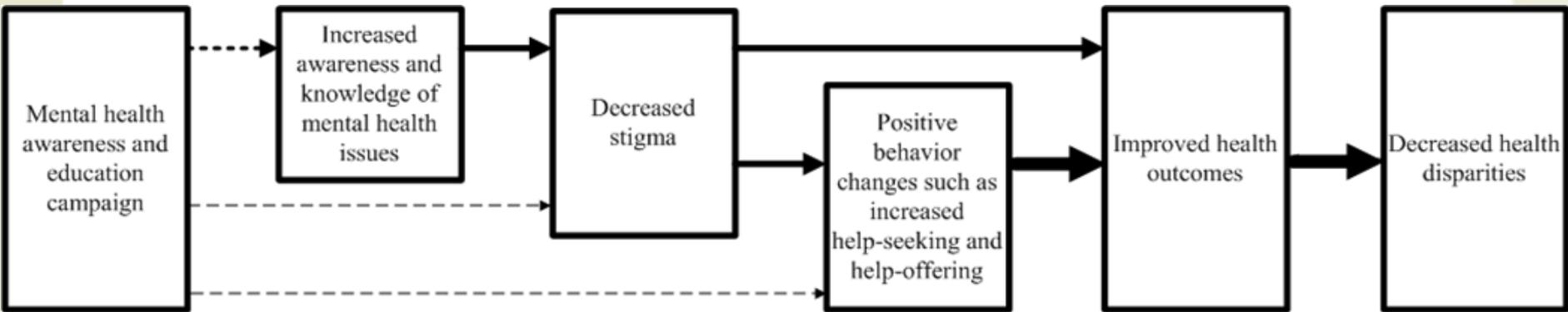
SSB 6439



Community Health Centers' Capital Budget Request



SB 5571



WASHINGTON STATE HEALTH IMPACT REVIEWS

RCW 43.20.285

What?

A health impact review is an analysis of how a proposed legislative or budgetary change will likely impact health and health disparities in Washington.

Only the Governor or a state legislator can request a review

Why?

- Health impact reviews provide objective information on proposals to help inform policy making
- Reviews provide information quickly—within 10 days of request during session
- Many proposals may directly impact health or the factors that influence health—such as where we live, learn, work, and play
- Health impact reviews can be requested for any topic—including:



Transportation



Housing



Education



Environment



Health Care



Workforce Development

How?

ONLINE

SBOH.WA.GOV

An easy to use online form can be submitted on the Board website

EMAIL

HIR@SBOH.WA.GOV

You can also print or download a word document and email it to us

PHONE

(360) 236-4106

You can also call us and we can take the request over the phone

For more information contact:

Sierra Rotakhina

(360) 236-4106 | sierra.rotakhina@sboh.wa.gov

or go to sboh.wa.gov



Executive Summary: Health Impact Review of SHB 1680 On Closing the Educational Opportunity Gap

Evidence from the literature indicates that, overall, SHB 1680 has potential to decrease health disparities in Washington state.

This health impact review found the following evidence regarding the provisions in SHB 1680:

Student Discipline

- Some evidence that closing discipline gaps would decrease student perceptions of discrimination.
- Strong evidence that closing discipline gaps would decrease discipline recidivism and curb the school-to-prison pipeline.
- Very strong evidence that closing discipline gaps would decrease educational opportunity gaps.

Educator Cultural Competence

- Some evidence that cultural competence training would increase the cultural competence of educators.
- Strong evidence that educator cultural competence would decrease educational opportunity gaps.

English Language Learners

- Some evidence that increasing the number of educators with special education, bilingual education, and English language learner endorsements would decrease educational opportunity gaps.
- Strong evidence that the development of a new accountability system for the Transitional Bilingual Instructional Program, if grounded in evidence, would decrease educational opportunity gaps.

Data Disaggregation

- Strong evidence that disaggregating data could provide a better picture of educational opportunity gaps, thereby improving understanding of and the ability to decrease educational opportunity gaps.

Recruitment of Educators of Color

- Strong evidence that modifying the model framework for high school Career and Technical Education courses related to careers in education, creating articulated pathways to teacher certification, and ensuring that paraeducator apprenticeship/certificate programs meet standards of cultural competency would decrease educational opportunity gaps.

The Relationship between Education, Income, and Health

- Very strong evidence that decreasing educational opportunity gaps would decrease gaps in educational attainment.
- Very strong evidence that decreasing gaps in educational attainment would both decrease health disparities directly and indirectly through decreasing income gaps.

For more detailed pathways, strength-of-evidence analyses, and citations of empirical evidence refer to the full health impact review which can be found at:

<http://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2013-01-SHB1680.pdf>

For more information contact:
(360)-236-4106 | hir@sboh.wa.gov
or go to sboh.wa.gov

Executive Summary: Health Impact Review of SB 6170

Concerning Cultural Competency Education for Health Care Professionals

Evidence indicates that SB 6170 has the potential to increase cultural competency among health care personnel, which in turn has potential to improve health and health care outcomes for diverse patient populations, thereby decreasing health disparities

BILL INFORMATION

Title: Concerning cultural competency education for health care professionals

Sponsors: Senators Keiser, Becker, Pedersen, Cleveland, Hasegawa, McCoy, Kohl-Welles, Frockt, McAuliffe, Kline

Summary of Bill:

- Requires disciplining authorities specified in RCW 18.130.040 to adopt rules requiring health professionals to receive cultural competency continuing education.
- Requires the Department of Health to develop a list of continuing education opportunities related to cultural competency.

HEALTH IMPACT REVIEW

Summary of Findings:

This health impact review found the following evidence regarding the provisions in SB 6170:

- Strong evidence that cultural competency training for health care professionals improves the cultural relevance of care.
- Strong evidence that culturally relevant care improves health and health care outcomes and decreases health disparities.
- Strong evidence that culturally relevant care increases patient satisfaction.
- Some evidence that cultural competency training for health care professionals increases patient satisfaction.
- Some evidence that patient satisfaction is associated with improved health and health care outcomes..
- Minimal evidence directly indicating that cultural competency training for health care professionals improves health and health care outcomes and decreases health disparities (few studies have examined the direct link between training and health outcomes).

FULL REVIEW

For review methods, a logic model showing the potential pathways between the bill and decreased health disparities, strength-of-evidence analyses, and citations of empirical evidence refer to the full health impact review which can be found at:

<http://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2014-01-SB6170.pdf>

For more information contact:
(360)-236-4106 | hir@sboh.wa.gov
or go to sboh.wa.gov

Executive Summary: Health Impact Review of SSB 6439

Concerning Preventing Harassment, Intimidation, and Bullying in Public Schools

SSB 6439 has potential to decrease bullying; and evidence indicates that bullying is associated with negative health outcomes. Lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ), underweight, and overweight students disproportionately experience bullying and poor health outcomes. Therefore mitigating bullying would likely have a stronger positive impact on these populations, thereby decreasing health disparities.

BILL INFORMATION

Sponsors: Senate Early Learning and K-12 Education (originally sponsored by Senators Lias, Litzow, McAuliffe, Billig, Kohl-Welles, Keiser, Pedersen, Mullet, Rolfes, Cleveland, Fraser, Frockt)

Summary of Bill:

- The definition of harassment, intimidation, or bullying is amended to include emotional harm.
- Educational Service Districts (ESD) must develop trainings for the primary contacts (“Compliance Officers”) in their districts regarding the model antiharassment, intimidation, cyberbullying, or bullying policy. The training must be based on the model policy; preexisting resources, trainings, and videos provided on the Office of Superintendent of Public Instruction’s (OSPI) website; and include materials on hazing.
- The Compliance Officers must attend the training developed by their ESD at least one time.
- The Washington State School Directors’ Association must consult with the Office of Education Ombuds and others with expertise on civil liberties of students to update the policy to include cyberbullying. The policy must provide guidance to districts on how to enforce cyberbullying policies without violating student rights.

HEALTH IMPACT REVIEW

Summary of Findings:

We have assumed, based on bill language, that when developing trainings ESDs would fully leverage the resources on OSPI’s website which include best practices in bullying prevention, and that this has potential to improve Compliance Officers’ knowledge of and ability to address this issue thereby potentially decreasing bullying. If these assumptions are not met than the trainings may not be effective in reducing bullying.

This health impact review found the following evidence regarding the provisions in SSB 6439:

- Very strong evidence that decreasing bullying would likely improve health outcomes for students.
- Strong evidence that LGBTQ students are at high risk for being bullied and would therefore likely see improved health outcomes as a result of decreased bullying.
- Very strong evidence that LGBTQ youth disproportionately experience negative health outcomes (such as those associated with bullying), therefore improving health outcomes for this population would likely decrease health disparities.
- Some evidence that underweight and overweight students are at high risk for being bullied and would therefore likely see improved health outcomes as a result of decreased bullying.
- Some evidence that underweight and overweight youth disproportionately experience negative health outcomes (such as those associated with bullying), therefore improving health outcomes for these populations would likely decrease health disparities.

FULL REVIEW

For review methods, a logic model showing the potential pathways between the bill and decreased health disparities, strength-of-evidence analyses, and citations of empirical evidence refer to the full health impact review: <http://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2014-02-SB6439.pdf>

For more information contact:
(360)-236-4106 | hir@sboh.wa.gov
or go to sboh.wa.gov

Executive Summary: Health Impact Review of HB 2451

Restricting the Practice of Sexual Orientation Change Efforts

Evidence indicates that HB 2451 has potential to mitigate harms and improve health outcomes among lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) patients, a population that is disproportionately impacted by poor health outcomes, thereby decreasing health disparities.

BILL INFORMATION

Sponsors: Representatives Lias, Walsh, Moeller, Cody, Walkinshaw, Jinkins, Lytton, Goodman, Stanford, Wylie, Riccelli, Pettigrew, Roberts, Orwall, Ryu, Tarleton, Reykdal, Habib, Bergquist, Gregerson, Farrell, Pollet, Ormsby

Companion Bill: [SB 6449](#)

Summary of Bill:

- Expands the list of acts that constitute unprofessional conduct by a licensed health care provider to include performing sexual orientation change efforts on a patient under age 18.
- Defines “sexual orientation change efforts” as any regimen that seeks to change an individual’s sexual orientation—including efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. The definition does not include psychotherapies that promote acceptance, support, and understanding or facilitate coping, social support, and identity exploration, or provide interventions to address unlawful conduct or unsafe sexual practices, as long as they do not seek to change sexual orientation.

HEALTH IMPACT REVIEW

Summary of Findings:

This health impact review found the following evidence regarding the provisions in HB 2451:

- Some evidence that restricting sexual orientation change efforts would decrease the risk of harm and improve health outcomes for LGBTQ patients.
- Very strong evidence that LGBTQ adults and youth disproportionately experience many negative health outcomes, and therefore mitigating any emotional, mental, and physical harm among this population has potential to decrease health disparities.

FULL REVIEW

For review methods, a logic model showing the potential pathways between the bill and decreased health disparities, strength-of-evidence analyses, and citations of empirical evidence refer to the full health impact review which can be found at:

<http://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2014-03-HB2451.pdf>

For more information contact:
(360)-236-4106 | hir@sboh.wa.gov
or go to sboh.wa.gov



Executive Summary: Health Impact Review of Community Health Centers' Capital Budget Request

Request to Partially Fund the Construction of Five Community Health Centers

Evidence indicates that funding these community health centers has potential to increase access to culturally and linguistically appropriate health care and improve health outcomes for a projected 42,300 underserved patients, thereby decreasing health disparities

CAPITAL BUDGET REQUEST INFORMATION

Sponsor: Representative Ryu

Summary of Request:

- Requests 25% of the funding needed to build five community health centers (CHCs)—a total funding request of \$14,700,000.
- Each project contact indicated ways their organization has secured or plans to secure the remaining funding to complete the project.
- These health centers include International Community Health Services in Shoreline, Yakima Valley Farmworkers Clinic in Toppenish, and Sea Mar Community Health Centers in Ocean Shores, Seattle, and Vancouver.
- Four of these projects would replace existing health centers with larger and more comprehensive facilities, while the fifth project would construct the first CHC in Shoreline.
- Combined, these five CHCs would provide care to a projected additional 42,300 patients once the clinics are operating at full capacity (which takes an average of three years).

HEALTH IMPACT REVIEW

Summary of Findings:

We have assumed that if these CHCs are provided with 25% of the funding for these projects, as requested, then the organizations would be able to secure the rest of the funding needed to complete these builds. This appears to be a strong assumption since each of the project contacts has indicated ways their organization has secured or plans to secure the remaining funding needed to complete the project.

This health impact review found the following evidence regarding this capital budget request:

- Very strong evidence that building these new CHCs and increasing patient capacity would likely increase access to care for underserved populations.
- Strong evidence that building these new CHCs and increasing patient capacity would likely increase access to culturally and linguistically appropriate care.
- Strong evidence that increasing access to care for underserved populations would likely improve health outcomes for these patient populations.
- Strong evidence that increasing access to culturally and linguistically appropriate services would likely improve health outcomes for diverse patient populations.
- Very strong evidence that improving health outcomes for underserved populations would likely decrease health disparities.

FULL REVIEW

For review methods, a logic model showing the potential pathways between the budget request and decreased health disparities, strength-of-evidence analyses, and citations of empirical evidence refer to the full health impact review: <http://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2014-04-Capbudget.pdf>

For more information contact:
(360)-236-4106 | hir@sboh.wa.gov
or go to sboh.wa.gov

Washington State Department of Transportation (WSDOT) Office of Equal Opportunity *Title VI Presentation*

Instructor: Jonté M. Sulton, Title VI Coordinator

Brenda Nnambi
Director, Office of Equal
Opportunity

Paula Hammond
Secretary of Transportation

Gregory Bell
External Civil Rights Branch
Manager

Overview

- What We Do
- Environmental Justice
- Limited English Proficiency

Title VI Mission

- The WSDOT's Title VI Program's primary goal is to ensure all management, staff, contractors, local agencies, and service beneficiaries are aware of the provisions of Title VI and the responsibilities associated with Title VI of the Civil Rights Act of 1964.
- WSDOT's Title VI Program is responsible for providing leadership, direction and policy to ensure compliance with Title VI and Environmental Justice and Limited English Proficiency principles and to ensure that social impacts to communities and people are recognized and considered throughout the transportation planning and decision-making process.

Title VI of the Civil Rights Act of 1964 is the main legal authority for the department's Office of Equal Opportunity, External Civil Rights nondiscrimination programs.



- Disadvantaged Business Enterprises (DBE)
- Minority/Women Business Enterprises (MWBE)
- Small Business Enterprises (SBE)
- Equal Employment Opportunity (EEO) Contract Compliance
- On-The-Job Training (OJT) Support Services

- Tribal Employment Rights Ordinance (TERO)
- Title VI
- Limited English Proficiency (LEP)
- Environmental Justice
- External Complaint Investigations

Title VI

- “No person in the United States shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal Financial assistance.”



Executive Order 13166

Limited English Proficient (LEP) Populations

- Directive to agencies to ensure people who are LEP have meaningful access to services
- Non-discrimination authority based in Title VI - National Origin Discrimination
- Federal aid recipients must take reasonable steps to ensure LEP persons have **meaningful access** to programs, services and information those recipients provide
- May require providing written/oral communications in a language other than English
- Also see: www.lep.gov/recipbroch.html and www.usdoj.gov/crt/cor/lep/dotlep.htm

Definition of LEP

- Limited English Proficient (LEP) Persons are persons for whom English is *not their primary language* and who have a *limited ability to speak, understand, read, or write English*.
- It includes BOTH people who reported to the U.S. Census that they *do not speak English well* AND people who reported that they *do not speak English at all*.

Assessment: Four Factors

- **Demography** - Number and/or proportion of LEPs served and languages spoken in service area
- **Frequency** - Rate of contact with service or program
- **Importance** - Vital documents - Nature and importance of program/service to peoples lives (transportation)
- **Resources** - Available resources, including language assistance services

LEP Services: Key Points

- Provide Qualified Interpreters - family, friends and staff may satisfy initial contacts, but they are not necessarily qualified interpreters
- Use qualified translation services for documents
- Remember dialect differences
- Services are not required in every language
 - 5% rule
 - Four Factor Analysis
 - Individual service still required
- Train staff to anticipate the need for LEP services

Safe Harbor & LEP Thresholds

- **Safe Harbor-**
 - Requires written translations of vital documents for **each** LEP group that meets the threshold
- **Safe Harbor LEP threshold-**
 - *5% or 1,000 individuals, whichever is less*
- **Vital documents**
 - Documents critical for accessing recipients services or benefits
 - Letters requiring response from customer
 - Informing customers of free language assistance
 - Complaint forms
 - Notification of rights

Environmental Justice (EJ)

Presidential Executive Order 12898

- Federal Actions to Address Environmental Justice (EJ) in Minority Populations and Low-Income Populations
- Signed by President Clinton on February 11, 1994
- Requires identification of high and adverse human health or environmental effects of programs, policies, and activities on minority and low-income populations
- DOT Order 5680.1, April 15, 1997 establishes policies to promote the principles of EJ by incorporating them in all DOT programs
- Also, Chapter 24 of WSDOT's LAG Manual & Chapter 458 of WSDOT's Environmental Procedures Manual

Avoid Discrimination and Adverse Effects/Impacts by:

- Identifying and evaluating aspects of programs that are likely to result in adverse effects/impacts
- Proposing mitigation measures or offsetting benefits and opportunities
- Considering alternative options
- Providing public input opportunities to assist in the above
- Document, document, document

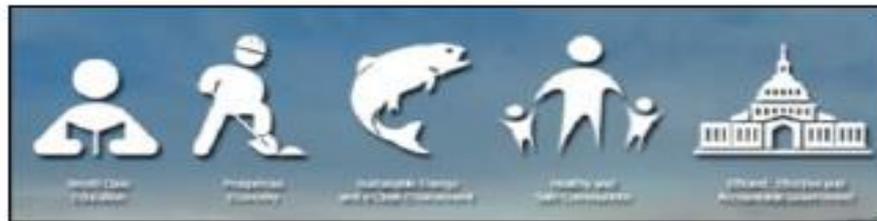
Current Framework

Governor Inslee commitment to healthy communities

- Results Washington

WSDOT Strategic Plan

- Result WSDOT



Goal 1 **STRATEGIC INVESTMENTS**

Goal 2 **MODAL INTEGRATION**

Goal 3 **ENVIRONMENTAL STEWARDSHIP**

Goal 4 **ORGANIZATIONAL STRENGTH**

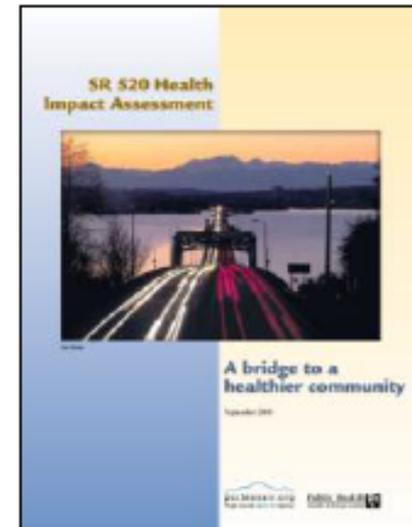
Goal 5 **COMMUNITY ENGAGEMENT**

Goal 6 **SMART TECHNOLOGY**

Past and Ongoing Efforts

SR 520 Health Impact Assessment (2009)

- Required by state legislature
- City/County Public Health Department, Clean Air Agency collaborated with WSDOT
- 4 categories of recommendations
 1. Construction management
(reduce construction pollution)
 2. Transit, bicycling and walking
(reduce air pollution)
 3. Landscaped lids and green spaces
 4. Design features
(reduce vehicle pollution from entering lake)



Past and Ongoing Efforts

WSDOT- WA Department of Health (DOH) Partnership

- Leadership team for CDC grant to reduce chronic disease: *Communities Putting Prevention to Work Program*
- WSDOT and DOH received US Council on Active Aging Award for the [Active Community Environments Program](#) that helped pass Complete Streets policies across the state

CITY OF SEATAC - DRAFT SAFE AND COMPLETE STREETS PLAN
Communities Putting Prevention to Work (CPPW)

GOALS
The Draft Safe and Complete Streets Plan outlines the goals for the development of SeaTac's pedestrian and bicycle networks through 2040.

- Improve safety for all users and all modes in the right-of-way
- Support efforts to define and complete the City's pedestrian and bicycle network
- Focus improvements to the bicycle and pedestrian network to where they do the most good
- Encourage multi-modal transportation including walking, biking and transit with SeaTac
- Create more opportunities for SeaTac's residents, workers and visitors to enjoy an active lifestyle through walking and biking

OUTREACH
The SeaTac community was engaged in the process through the City's website, surveys, walking maps, safety hearings at schools and "walk-a" movie nights at elementary schools. Outreach was often done in both English and Spanish to include a wider range of residents.

RECOMMENDATIONS
Key recommendations were made as a result of the planning and public outreach around complete streets and active transportation:

- A pedestrian network that provides access to key community destinations.
- A bicycle network that includes both on and off street facilities to accommodate a wide range of users with varying abilities including trails and neighborhood greenways.
- Prioritization criteria to assist decision makers as to what projects to fund first based on unmet demand, population and proximity to key destinations.
- Continue to engage the community to inform them and educate them about Safe and Complete Streets in SeaTac.



By following walking and biking safety rules, SeaTac's Complete Streets Plan will improve public health outcomes.

www.seatac.wa.gov

Safe Complete Streets

City of SeaTac's Safe & Complete Streets Plan is example of grant program work.

Questions

FOR TITLE VI ASSISTANCE, CONTACT

**Jonté M. Sulton – Western Washington Title VI
Coordinator**

(360) 705-7082

SultonJ@wsdot.wa.gov



DATE: May 15, 2014

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

FROM: Emma Medicine White Crow, Chair

SUBJECT: BRIEFING—STATEWIDE ACES INITIATIVES

Background and Summary:

Adverse Childhood Experiences (ACEs) are ten categories of events that can contribute to toxic stress during the first 18 years of life. The ten ACEs are physical abuse; sexual abuse; emotional abuse; physical neglect; emotional neglect; having a drug or alcohol addicted family member; having a mentally ill, depressed or suicidal person in the home; witnessing domestic violence against a parent or guardian; incarceration of a family member; or loss of a parent to death, abandonment, or divorce.

ACEs are common, they occur in clusters, and they are important determinants of health and social functioning. The more ACEs a child has, the more likely she is to experience adverse health effects into adulthood. The good news is that there is evidence that promoting safe, stable, nurturing relationships may prevent ACEs and their negative impacts.

Several years ago, the Council adopted ACEs as a priority, but rather than creating its own recommendations, the Council opted to monitor activities in the state and, when appropriate, provide input to ensure equity is being considered. In recent years, a number of statewide initiatives have developed to invest in the important work of preventing and mitigating ACEs. These activities include the ACEs Public-Private Initiative, Strengthening Families, Frontiers of Innovation, and Essentials for Childhood.

During this agenda item, we will hear from a panel of speakers about these statewide efforts to address ACEs and engage in dialogue about ways the Council and its members can learn more and/or contribute.

Recommended Council Action:

None at this time

A P P I

Adverse Childhood Experiences
Public-Private Initiative



BUILDING & SHARING KNOWLEDGE

APPI

Adverse Childhood Experiences
Public-Private Initiative



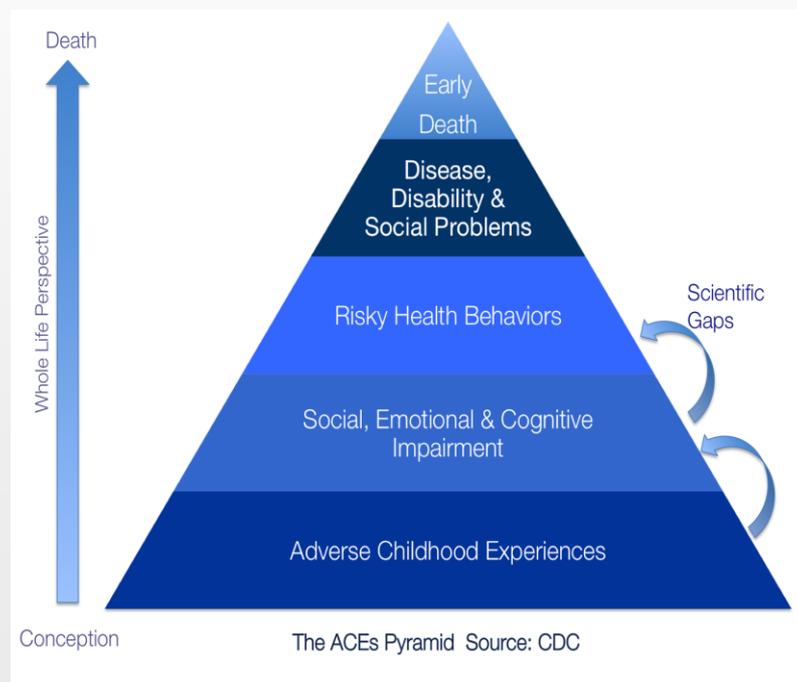
APPI is a group of private, public and community organizations in Washington State working together to strengthen the understanding of the most effective, research-informed, complex community interventions that prevent, reduce, and address ACEs.

APPI

Adverse Childhood Experiences
Public-Private Initiative



APPI is a collaborative formed in February 2012 using the Collective Impact model to foster cross disciplinary, community-level frameworks that effectively prevent and reduce ACEs and their social, health, and economic consequences.



A P P I

Adverse Childhood Experiences
Public-Private Initiative



ACEs

- Physical abuse
- Sexual Abuse
- Emotional abuse
- Physical neglect
- Emotional neglect
- Loss of a parent
- Mentally ill, depressed or suicidal person in the home
- Witnessing violence against one's parent
- Incarcerated household member
- Drug or alcohol addicted family member

A P P I

Adverse Childhood Experiences
Public-Private Initiative



Washington has been a national leader in creating community networks that use neuroscience and population-level data to inform policies and practices to address ACEs.

62% of adults in Washington State have at least one ACE.

26% have three or more ACEs.

Source: 2009 BRFSS Data

A P P I

Adverse Childhood Experiences
Public-Private Initiative



APPI supports continuous learning about science- and community-based approaches for addressing ACEs.

GUIDING PRINCIPLES

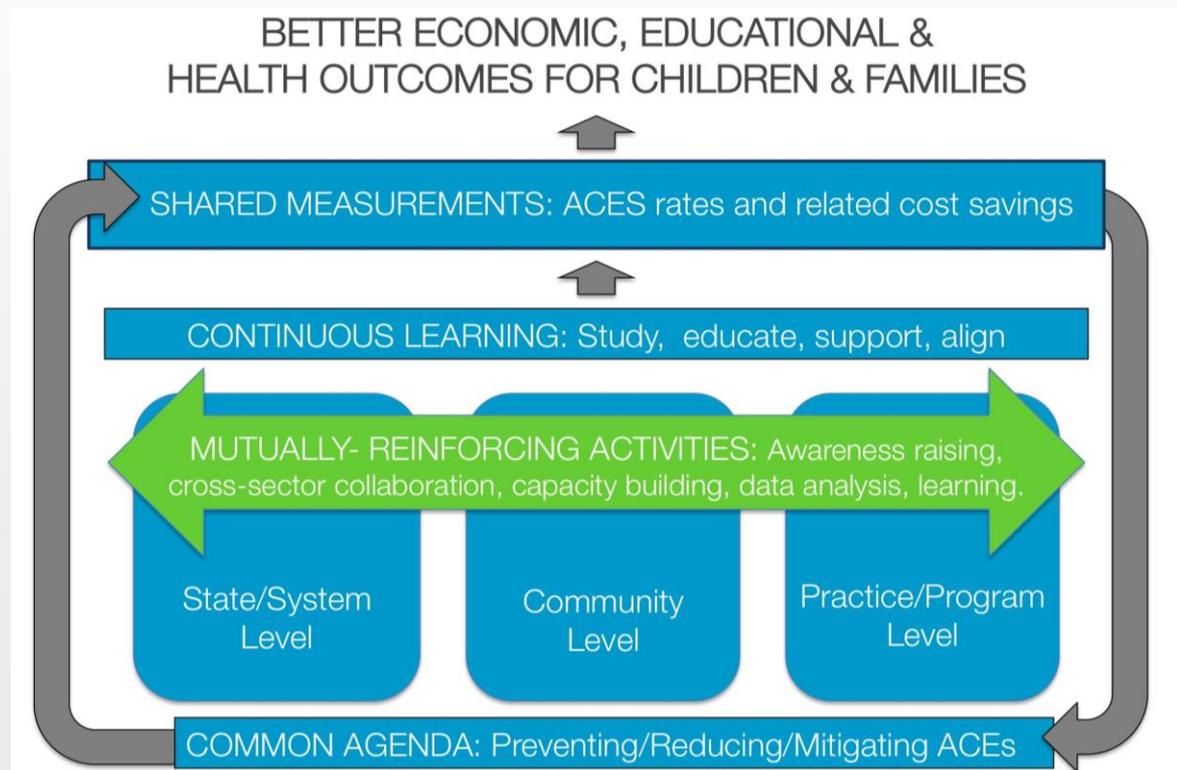
High expectations, inclusion, innovation, and a culture of learning and continuous improvement guide APPI's efforts.

APPI

Adverse Childhood Experiences
Public-Private Initiative



APPI THEORY OF CHANGE



A P P I

Adverse Childhood Experiences
Public-Private Initiative



APPI PRIORITIES

- 1) Conduct an evaluation in partnership with communities with ongoing, community-level efforts to address multiple ACEs to build knowledge about effective community capacity development models to prevent and mitigate ACEs.
- 2) Facilitate learning and dialogue among APPI members, evaluation sites and the broader community.

A P P I

Adverse Childhood Experiences
Public-Private Initiative



RECENT HIGHLIGHTS

- Launched 2.5-year **evaluation** of 5 community-based initiatives to reduce ACEs and limit their effects.
- Expanded Leadership Team for **broader reach and representation**
- Established **shared funding pool**.

A P P I

Adverse Childhood Experiences
Public-Private Initiative



APPI EVALUATION

Goal: To contribute to the understanding of **what community-based structures and approaches work best** for reducing and preventing ACEs and their effects.

- 5 evaluation sites from around the state.
- 2.5 years, from fall of 2013 to spring of 2016.
- Conducted by Mathematica Policy Research.

A P P I

Adverse Childhood Experiences
Public-Private Initiative



EVALUATION SITES



- Okanogan County Community Coalition
- Skagit County Child & Family Consortium
- The Coalition for Children & Families of NC WA
- Walla Walla County Community Network
- Whatcom Family & Community Network

A P P I

Adverse Childhood Experiences Public-Private Initiative



APPI LEADERSHIP TEAM

- Bill & Melinda Gates Foundation
- Casey Family Programs
- Community Public Health and Safety Networks
- Comprehensive Health Education Foundation
- Empire Health Foundation
- Essentials for Childhood
- Frontiers of Innovation
- Thomas V. Giddens Jr. Foundation
- Thrive by Five
- Washington State Department of Early Learning
- Washington State Department of Health
- Washington State Department of Social and Health Services – Children’s Administration
- Washington State Early Learning Coalitions
- Washington State Governor’s Executive Policy Office
- Washington State Office of Superintendent of Public Instruction
- Washington Strengthening Families Collective

A P P I

Adverse Childhood Experiences Public-Private Initiative



A P P I

Adverse Childhood Experiences Public-Private Initiative



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Erinn Havig, APPI Co-Chair, Department of Early Learning,
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<http://www.appi-wa.org/>



Washington State Department of
Early Learning

Presentation for Governor's Interagency Council on
Health Disparities

May 15, 2014

Erinn Havig, MSW
Strengthening Families Washington Program Manager
erinn.havig@del.wa.gov / 360.725.4410



- Strengthening Families Washington has been at Department of Early Learning since July 1, 2012. This work was formerly called Washington Council for the Prevention of Child Abuse and Neglect (WCPCAN) and Council for Children and Families (CCF).

- Strengthening Families Washington is the state designated Community Based Child Abuse Prevention (CBCAP) recipient, the Washington State Children's Trust Fund, and the Washington State Chapter of Prevent Child Abuse America.





Protective Factors . . .

Conditions that can protect families and promote resilience

Serve as a buffer against adversity—when present in families, likelihood of child maltreatment goes down

A Protective Factors framework focuses on strategies for building family strengths rather than focusing exclusively on risks and deficits.



Child Welfare Information Gateway Resource Guide

<https://www.childwelfare.gov/preventing/preventionmonth/guide2013/>



Our Work

- Funding to programs – currently 9 funded programs
- Public Awareness Campaigns –



- Leveraging Relationships to expand impact – APPI & Essentials
- Strategic Partnerships – ex. Domestic Violence training

Erinn Havig, Program Manager,
Strengthening Families Washington
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<http://del.wa.gov/development/strengthening/default.aspx>

Thank You!





PUBLIC HEALTH

**ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON**

Essentials for Childhood
Governor's Interagency Council on
Health Disparities, May 15, 2014

Today's Presentation

- CDC's *Essentials for Childhood*
- *Essentials for Childhood* in Washington
- Opportunities for input and involvement



Safe, Stable, Nurturing Relationships and Environments

Essentials for Childhood is the broad “umbrella” and strategic direction for all of CDC child maltreatment work

and

Our vision for what we want for all children





Safe, Stable, Nurturing Relationships and Environments

www.cdc.gov/violenceprevention/childmaltreatment/essentials

- **Safety:** The extent to which a child is free from fear and secure from physical or psychological harm within their social and physical environment
- **Stability:** The degree of predictability and consistency in a child's social, emotional, and physical environment
- **Nurturing:** The extent to which a parent or caregiver is available and able to sensitively respond to and meet the needs of their child



**CDC's Vision for All Children
Our Framework for Child Maltreatment Prevention**

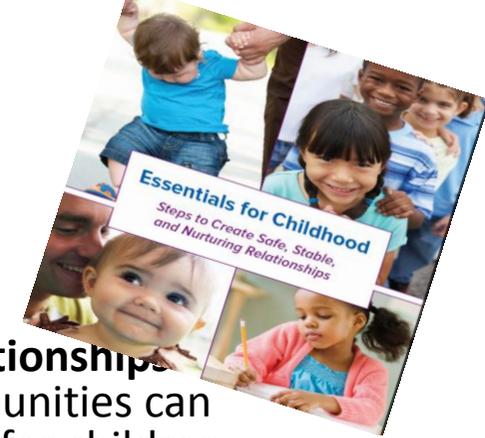
Safe, Stable, Nurturing Relationships and Environments Outside the Home

Safe, stable, nurturing relationships can also be established in social environments that children encounter outside of the home and extended to relationships with caregivers other than the parents of the child.

Providing safe, stable, nurturing relationships and environments outside the home (e.g., high quality child care) might have the potential for buffering the lack of these in the home

Safe, stable, nurturing relationships and environments are important for adults as well



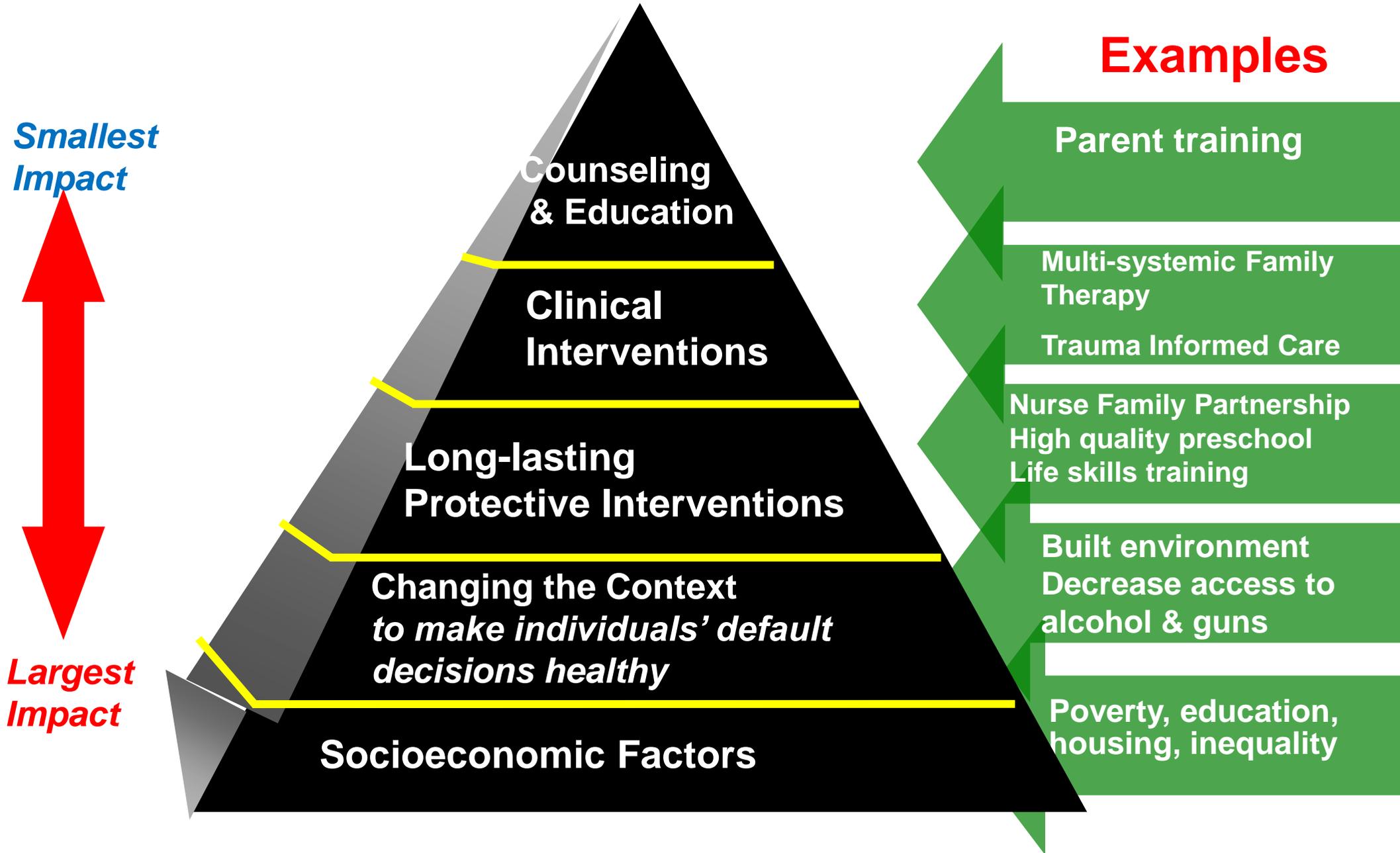


- ❑ **Essentials for Childhood – Steps to Create Safe, Stable, and Nurturing Relationships and Environments document:** Proposes a process and strategies that communities can consider to promote safe, stable, nurturing relationships and environments for children and families

www.cdc.gov/violenceprevention/childmaltreatment/essentials

- ❑ **Actions for promoting Safe, Stable, Nurturing Relationships and Environments are suggested in four goal areas:**
 - Raise Awareness and Commitment to Support Safe, Stable, Nurturing Relationships and Environments and Prevent Child Maltreatment
 - Use Data to Inform Action
 - Create the Context for Healthy Children and Families through Norms Change and Programs
 - Create the Context for Healthy Children and Families through Policies

Health Impact & Violence Prevention

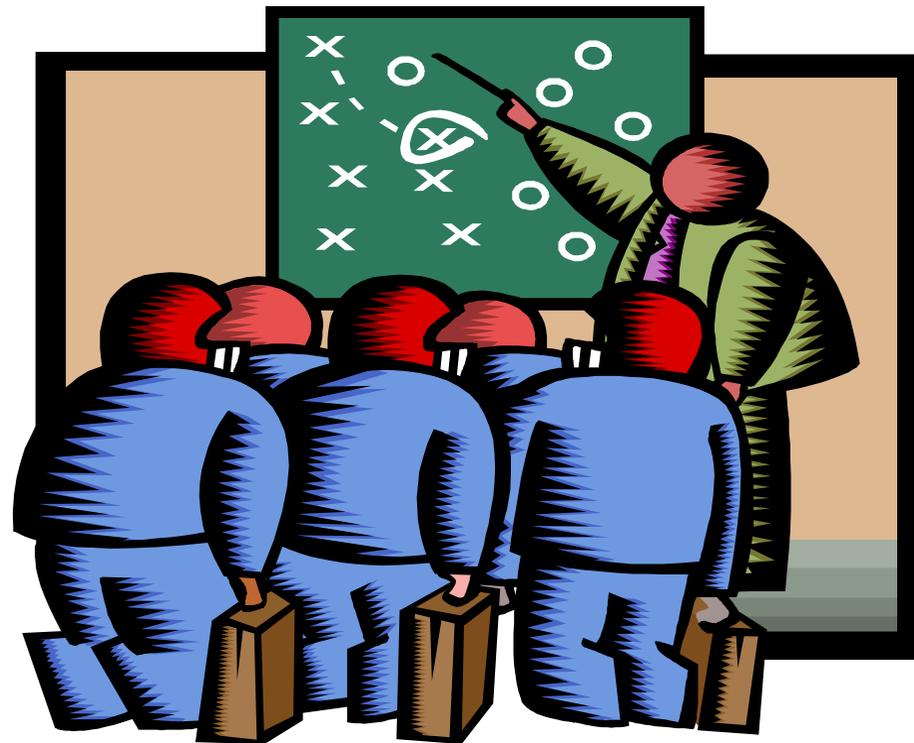


Increasing Effectiveness Through:

Strategic work in all 4 goal areas

**Raise Awareness
and
Commitment**

Use Data



**Create the
Context through:**

**Norms Change
And Programs**

Policies

Increasing Effectiveness Through

Moving from Isolated Impact:

Countless nonprofit, business, and government organizations each work to address social problems independently



To

Collective Impact:

Fundamentally different, more disciplined, and highly structured and higher performing approach to large scale social impact than other types of collaboration





- ❑ **Funding 5 State Health Departments (WA, CA, CO, MA, NC) to work with partners to promote safe, stable, nurturing relationships and environments:**
 - Using a Collective Impact Approach
 - Integrating health equity into the work
 - Required partners: state CBCAP Lead agency, at least one of the following: state chapter of PCA America, Alliance for Children’s Trust & Prevention Funds, and/or Parents Anonymous, business and other non-traditional partners

- ❑ **Approximately 20 non-funded states also participating in Essentials for Childhood initiative**

- ❑ **Supplementary pieces to support implementation currently under development:**
 - Raising Awareness and Commitment
 - How the media can include prevention in coverage of CM
 - How we can better engage with media to include prevention
 - Promoting positive community norms
 - Engaging business/employers
 - Suggested actions for business/employers
 - Essentials for Parenting
 - Raising of America www.raisingofamerica.org

- ❑ **Resources currently available**
 - **Public Health Leadership Toolkit** <http://vetoviolence.cdc.gov/childmaltreatment/phl/>

 - **ACE infographic:** http://vetoviolence.cdc.gov/childmaltreatment/phl/resource_center_infographic.html

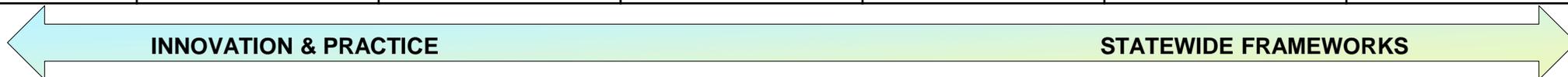
 - **CDC’s Understanding Evidence**
<https://vetoviolence.cdc.gov/evidence-landing.html>

The Washington State context

- One of five funded states
- Adverse Childhood Experiences are common
 - 62% of adults
- Opportunity to connect, align, and build on other efforts

EfC Can Draw On a Rich Set of Existing Statewide Collaborative Efforts

Related Efforts	 Frontiers of INNOVATION	 APPI The Washington State ACEs Public-Private Initiative	strengthening families	 State Health Care Innovation Plan	Washington Early Learning Plan	Racial Equity Theory of Change
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Overview	Partnership to design and test new strategies to prevent and mitigate the impacts of toxic stress	Public-private collaborative to prevent and mitigate ACEs in WA	Cross sector collaborative to promote protective factors in families with young children	Statewide, 5-year to improve whole-person healthcare and build healthier communities in WA	A ten-year roadmap to build an early learning system to support a strong foundation of success for children	Roadmap to close the “opportunity gap” for children of color in WA’s Early Learning System
Frame	Toxic stress in early childhood can lead to disruptions in brain and biological development	The cumulative impact and implications of ACES, along with ways to avoid them	Building protective factors improves outcomes for children and families	Improving coordination between stakeholders can improve the effectiveness of WA health systems	Comprehensive early learning system supports “ready” children, families, professionals, school and communities	Strategic decisions in the Early Learning system should be well-informed by, and prioritized in response to the needs of people of color
Key Assets EFC Can Leverage	<ul style="list-style-type: none"> Rich source of community-level innovations Common language of a “one-science” approach 	<ul style="list-style-type: none"> Emergence of ACES learning community Evaluation data in 5 communities (2015) Promising practice emerging from implementation 	<ul style="list-style-type: none"> Strong network of implementers across non-profits and government Includes parents and families 	<ul style="list-style-type: none"> Overall framework for health system reform Identifies common metrics that EfC might draw upon 	<ul style="list-style-type: none"> Framework for early learning in WA State-wide credibility and resonance 	<ul style="list-style-type: none"> Framework for addressing racial opportunity gaps in WA’s Early Learning system Outcomes strategies and landscape related to racial equity

EfC presents an opportunity to align and stitch existing work together

Interviewees Highlighted Multiple Opportunities for the EFC Work

Opportunities Raised

Representative Quotes

Break Down Silos

- Develop a **common language** for the problems we address
- **Move beyond isolated efforts**

- “We get attached to our own agency’s definitions and that gets in the way of getting to a common understanding. **We’re all addressing the same thing**, but give it different names.”
- “There’s a lot that WA is doing, but it seems to be **more and more in silos**. You find people who are all in 5 different meetings, but we’re all consciously thinking, “could this become 2 meetings?”

Foster Coordination and Integration

- **Align existing efforts** and find complementary ways of working together
- Be intentional about the **process for good collaboration**

- “EFC offers the opportunity to **bring together complementary initiatives** to build off each others’ strengths.”
- “Right now everyone has got their grants and is trying to do good work, **but we haven’t truly come together** to see what our outcomes are together, what we are trying to move.”
- “I don’t think there’s another state whose culture is more collaborative. It’s not hard to make the connections; what’s **missing is the science and methodology of actually doing effective collaboration**.”

Create Systemic Change for Children in WA

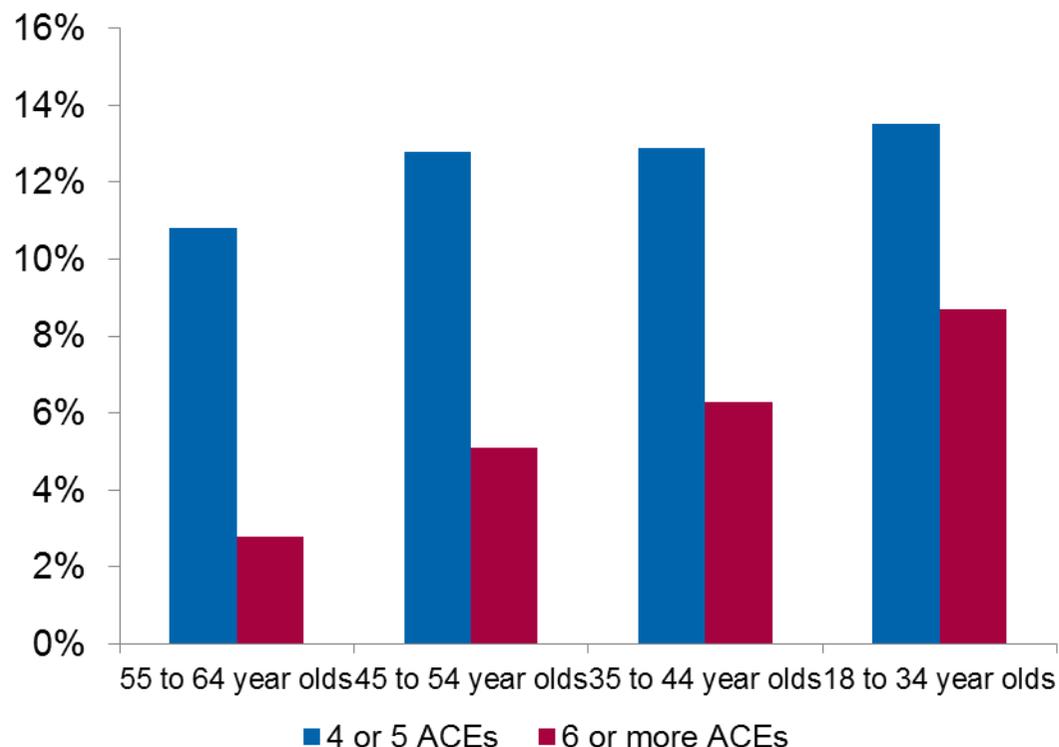
- Involve multiple **systems and actors** to be part of the solution
- **Build on current momentum**

- “If we can get continuity in leadership and sustainability of strategies, **EFC can be the major way WA tackles ACES and improves child well-being**.”
- “There’s a **zeitgeist of interest** in early childhood; the time is right to really do something with that focus.”

Adverse Childhood Experiences Are Reported Most Commonly Among Young People And Have a Cumulative Effect on People

WA ACEs Incidence by Age Group

(% of Age Group with 4 or more ACEs, 2009)



- Reported ACEs scores are highest among the state's **younger age groups**:
 - An estimated **29%** of 10th grade students report 4+ ACEs¹
- ACEs **co-cluster** in the lives of individuals:
 - Among adults exposed to physical abuse, **84%** reported at least 2 additional ACEs²
- ACEs have a **cumulative effect**:
 - Individuals who reported having 7-8 ACEs had an average of **3 times** as many negative social / health outcomes as individuals who reported having no ACEs²

Sources: ¹Data estimated from the Healthy Youth Survey and Behavioral Risk Factor Surveillance System, Dario Longhi and Laura Porter (2013). ²Adverse Childhood Experiences and Population Health in Washington, Robert Anda and David Brown (2010).

Adverse Childhood Experiences Are Associated With a Range of Important Outcomes Over a Person's Life

Types of Outcomes Associated With ACEs

Neuroscience and Brain Development

- Executive function
- Cognitive ability
- Self-regulation
- Ability to form attachments

Education Success

- Readiness to learn
- Academic performance
- School drop-out rate
- On-Time graduation

Risk Factors for Poor Health

- Smoking
- Heavy drinking
- Obesity
- Substance abuse
- Risk of HIV

Physical and Behavioral Health

- Cancer
- Diabetes
- Cardiovascular disease
- Asthma
- Auto immune diseases
- Mental distress
- Sleep disturbances
- Nervousness
- Addiction

General Social Problems

- Poor health
- Life dissatisfaction
- Disability impeding daily functioning
- Unemployment
- Homelessness

Risk of Inter-Generational ACEs

- Mental illness
- Loss of a parent
- Victim of family violence
- Adult incarceration
- Substance abuse

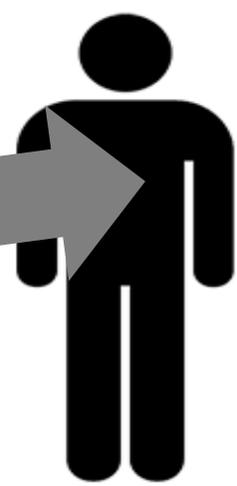
Infancy & Early Childhood



Adolescence



Adulthood



These Outcomes Incur Tremendous Costs on Society and Government, Across Multiple Dimensions of Well-Being

Compared to individuals who reported no ACEs, **adults** who reported **6 or more ACEs** are:

While ACEs were not the only contributor to these conditions, nationally these conditions each incur an estimated **annual cost** of:

- Twice** as likely to be **heavy drinkers**¹ -----> **\$224 billion**³
- 3 times** as likely to **have cancer**¹ -----> **\$125 billion**⁴
- 3 times** as likely to report **depression**² -----> **\$83 billion**⁵

MAJOR GOVERNMENT FUNCTIONS AFFECTED BY ACEs



Sources: ¹Adverse Childhood Experiences and Population Health in Washington, Robert Anda and David Brown (2010). ²Adverse Childhood Experiences and the Risk of Depressive Disorders in Adulthood, Daniel Chapman, Charles Whitfield, Vincent Felitti, Shanta Dube, Valerie Edwards, Robert Anda (2003). ³Economic Costs of Excessive Alcohol Consumption in the U.S., Ellen Bouchery, Herick Harwood, Jeffrey Sacks, Carol Simon, Robert Brewer (2006). ⁴Projections of the cost of cancer care in the United States, Angela Mariotto, Robin Yabroff, Martin Brown (2011). ⁵The Public Health Impact of Major Depression, Katie McLaughlin (2011).

Reported ACEs Prevalence Does Not Correspond Neatly With Socio-Economic Vulnerability

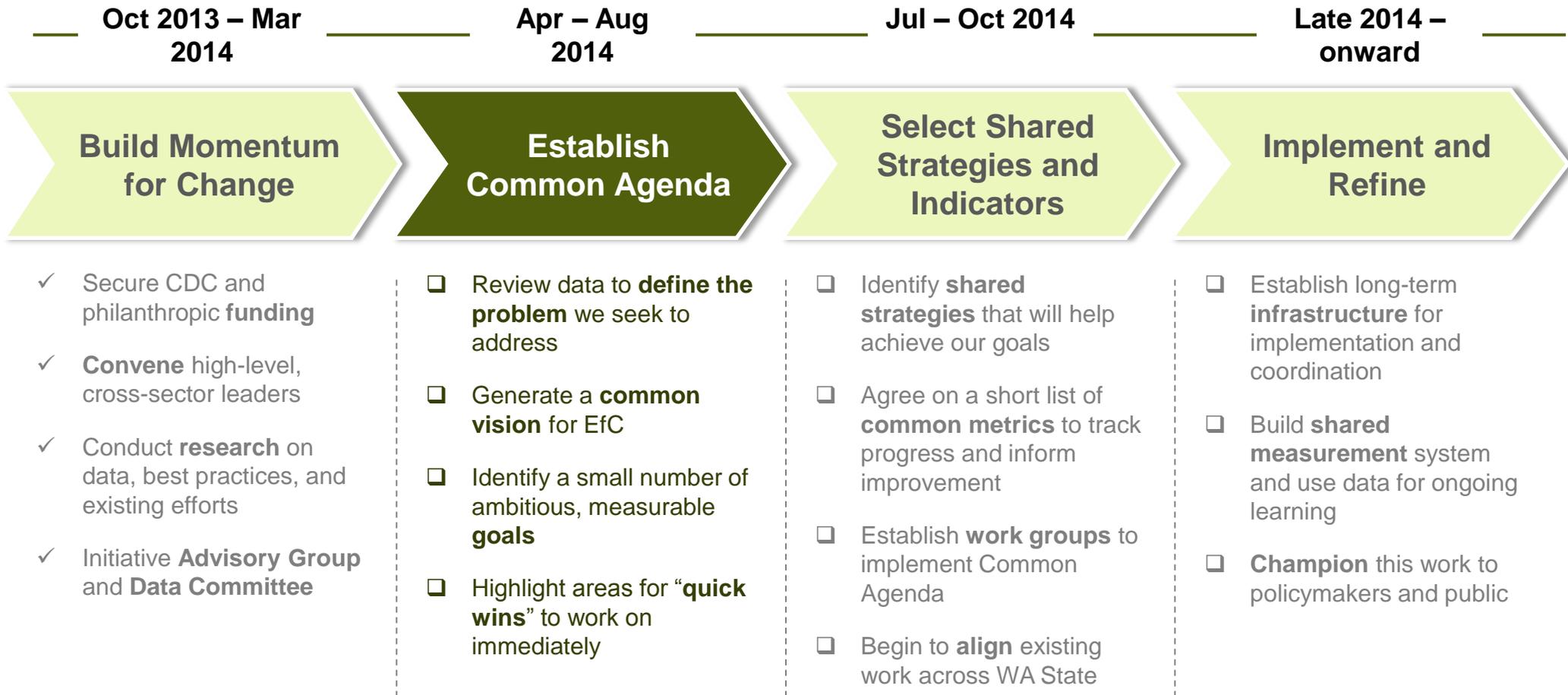
*On one hand, ACEs tend to affect **vulnerable socio-economic groups** more heavily...*

- **Gender: Women** are more likely to report higher ACE scores than **men**
- **Age: Younger** individuals are more likely to report higher ACE scores than **older** individuals
- **Income:** Individuals making **<\$25,000** are more likely to report higher ACE scores than individuals making **>\$25,000**
- **Employment: Unemployed** individuals are more likely to report higher ACE scores than **employed** individuals

*However, the prevalence of ACEs is **difficult to generalize** across all demographic lines...*

- **Ethnicity: Asians** and **Hispanics** are more likely to report lower ACE scores than other ethnic groups, but the prevalence depends on the specific type of ACEs
- **Education: More educated** individuals are more likely to report lower ACE scores than **less educated** individuals, but individuals with **“some college education”** tend to report higher ACE scores than others groups

Essentials for Childhood Washington Timeline



We are currently laying the foundation for what will be a multi-year effort

The Advisory Group Generated the Following **Guiding Principles** to Underlie the Essentials for Childhood Work

The Essentials for Childhood initiative will...

- 1 Achieve **population-level, statewide** change while also addressing the acute needs of particular communities
- 2 Utilize the precepts of collective impact to **accelerate and build on** the collaborative efforts already underway across our state
- 3 Be **bold in our thinking**, and foster new innovations and ways of working together to achieve transformative results
- 4 Include and honor the contributions of **stakeholders from different sectors and backgrounds**, including the beneficiaries this work seeks to serve
- 5 Adopt a **positive, assets based approach** to promoting safe, stable, nurturing relationships and environments for all children
- 6 Be **based on evidence**, and use data for continuous learning and improvement
- 7 Recognize and eliminate **underlying inequities and biases**, including but not limited to those related to race, class, gender, or orientation

Collective Impact Creates Multiple Structure to Engage a Large and Diverse Coalition of Individuals

STEERING COMMITTEE

- Provides vision and strategic oversight of the initiative
- Meets bi-monthly, moving to quarterly schedule over time
- Comprised of high-level decisionmakers from across sectors

BACKBONE TEAM

- Serves as neutral convener, facilitator, and coordinator of the initiative
- Responsible for overall success rather than advancing a specific viewpoint
- Liaison among different groups of the effort and to the broader community

DATA COMMITTEE

- Advises on selection and collection of shared metrics for the initiative
- Comprised of experts in data gathering, analysis, and communication
- Technical advisor but also a political navigator to secure the necessary data

ADVISORY GROUP

- Provides expertise and strategic guidance on launching the initiative
- Members serve as ambassadors around the EfC effort
- May continue beyond early stages of the initiative

WORK GROUPS (TBD)

- Lead implementation of vision and goals set by Steering Committee
- Comprised of direct reports to SC members who can execute
- Typically 4-6 work groups, but structure and focus to be determined

The Essential for Childhood Initiative Will Build On the Excellent Work of Many Past and Ongoing Efforts Across Our State



The value of collective impact is not to create new work, but to better knit existing efforts together

Themes from Steering Committee, April 2014

- Community wide education on brain science
- Trauma sensitive systems, including early detection
- Alignment of services with families at the center
- Community based problem solving
- Innovative policy and financing
- Use of data across systems



Opportunities for input and involvement



Questions or comments?

Marilyn Gisser, MHSA

Essentials for Childhood Coordinator

(360) 236-3504

Marilyn.Gisser@doh.wa.gov

PUBLIC HEALTH

**ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON**

Guiding Principles

High expectations, inclusion, innovation and a culture of learning and continuous improvement guide APPI's efforts. These efforts build upon Washington's past success and current infrastructure to help reduce costs and improve lives.

The work of the APPI collaborative is guided by the following principles:

- 1) Building a community level culture of **continuous learning from** the rapidly evolving **science** of brain development fosters the **understanding of root causes** of health and social problems needed to drive innovations in prevention and mitigation of ACEs.
- 2) **Developing community capacity** by fostering resident leadership and valuing the contributions of each individual promotes community level **innovation** informed by experience, leading to improved child, family and community outcomes.
- 3) **Rigorous evaluation** methodologies are needed to expand upon existing evidence of the effectiveness of community level efforts focused on the prevention or mitigation of ACEs—through more strategic use of **existing data sources**, as well as development of new data sources.
- 4) **Reinvestment of avoided public costs** from prevention and mitigation of ACEs into targeted, **community-directed prevention** approaches that are scalable and sustainable can leverage continuous improvements in the well-being of children, families and communities.
- 5) Community engagement processes that promote the **co-construction of shared community goals** and aligned strategies and resources are critical components of community level approaches to preventing ACEs and mitigating their effects.
- 6) In pursuit of **population level improvements** in the prevalence of ACEs, their antecedents, effects and moderating factors, addressing the needs of people of all ages and **multiple generations** can interrupt the cycle of ACEs transmission.
- 7) **Multi-sector coordination** and resource alignment increases the collective impact of the work of many people and organizations – operating at the practice or program level, at the community level, and at the state or system level – and can marshal resources from multiple sectors – including the public sector, business community, nonprofit sector, faith communities, and philanthropy – toward achievement of common purpose.
- 8) Both **leveraging existing resources** and **building on existing evidence** and strategies are critical to improving child, family and community outcomes in times of resource scarcity, requiring a high level of coordination among activities with interrelated goals and resources pursuing community-driven ACEs prevention and mitigation approaches.

Equal Start Community Coalition

May 5, 2014

Governor's Interagency Council on Health Disparities
Washington State Board of Health
PO Box 47990, Olympia WA 98504-7990

Dear Council Members:

The Equal Start Community Coalition commends the Governor's Interagency Council on Health Disparities for selecting adverse birth outcomes as a priority in the coming work year. We know that continuing inequities for certain communities lead to ongoing disparities in birth outcomes. The heart breaking tragic truth is African American babies in King County die twice as often as all other babies, and American Indian/Alaska Native babies die four times as often. This is unacceptable, and we are glad the Council will work to address them. Our Coalition has been working on eliminating racial disparities in birth outcomes for over 20 years. We would like to partner with the Council to work together to change this reality.

As you know, we are participating in CityMatCH's Institute on Equity in Birth Outcomes. As part of our participation, we recently asked community members what they need to be healthier, and several themes emerged: people want healthy, safe neighborhoods where they and their families can access healthy food, exercise in a natural environment, and experience respect from service providers. They yearn for access to services and social supports to make healthy individual choices. They want community connections that provide social support to mitigate chronic stress from racism and poverty.

We will keep the Council updated on our progress selecting and implementing our Equity Institute projects. We will select two projects to address inequities in King County, one downstream approach to reduce racial disparities in birth outcomes, and one upstream approach to address root causes of these inequities. We hope to be able to report best practices in the coming year.

In the meantime, we offer ourselves to participate on your advisory committee that addresses adverse birth outcomes. Our membership represents community members and providers who are familiar with those most affected by adverse birth outcomes, and who understand what it takes to provide services. In fact, one concrete suggestion is to support statewide efforts to implement Maternity Support Services in a support group setting. We know support groups work, and we know people want more of them. Also, our membership understands the data on disparities in adverse birth outcomes. We have been trained on birth outcomes data, we

receive updates on King County data regularly, and we know how to share data with community members. We believe our membership would be an asset to your advisory committee.

We look forward to working with you to improve birth outcomes for all our babies.

Respectfully,

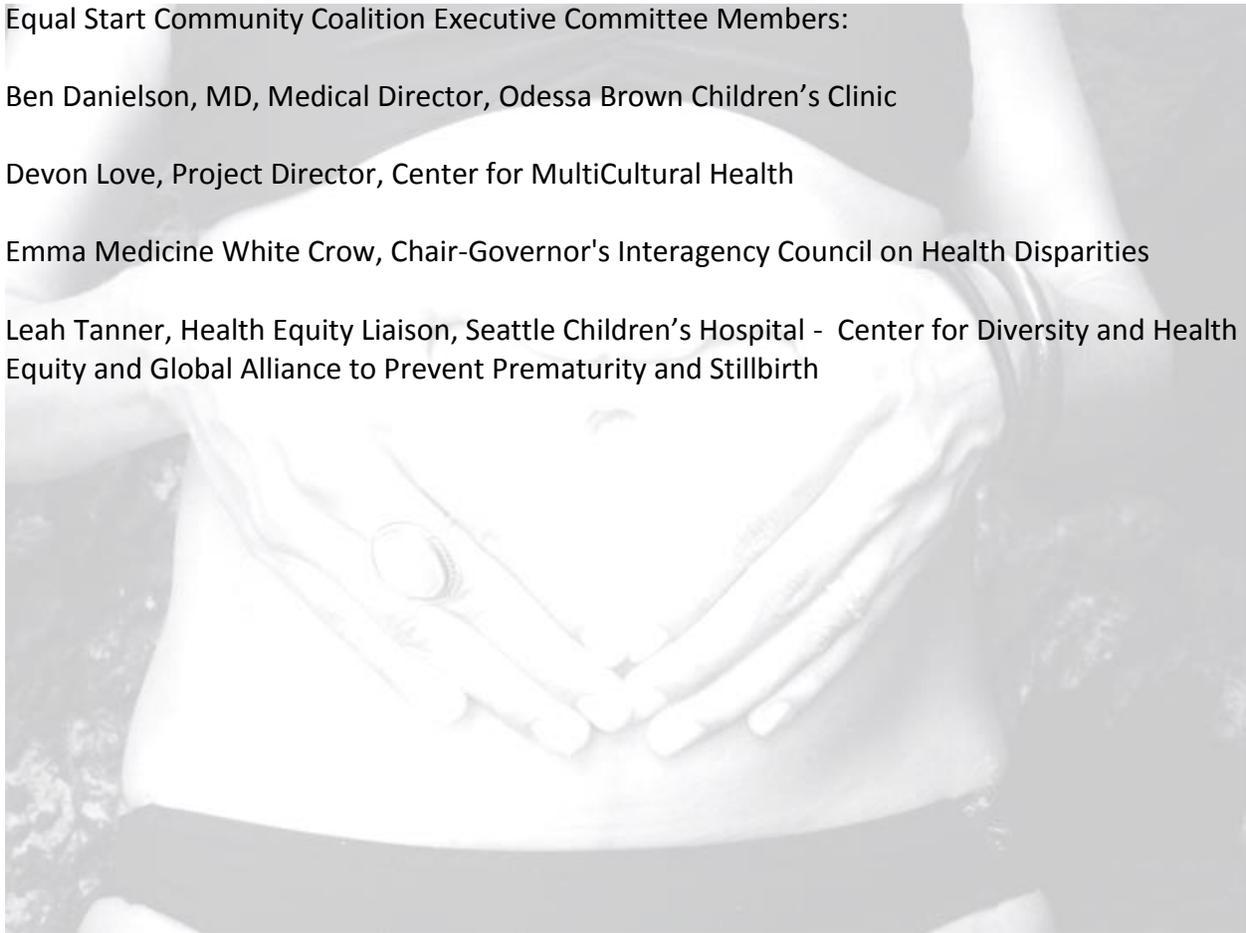
Equal Start Community Coalition Executive Committee Members:

Ben Danielson, MD, Medical Director, Odessa Brown Children's Clinic

Devon Love, Project Director, Center for MultiCultural Health

Emma Medicine White Crow, Chair-Governor's Interagency Council on Health Disparities

Leah Tanner, Health Equity Liaison, Seattle Children's Hospital - Center for Diversity and Health Equity and Global Alliance to Prevent Prematurity and Stillbirth



-----Original Message-----

From: lennall@u.washington.edu [mailto:lennall@u.washington.edu]

Sent: Tuesday, May 13, 2014 10:16 AM

To: Hoff, Christy Curwick (DOH)

Subject: RE: Fwd: May 15 Council Meeting

Christy:

Here are a few of my thoughts around childhood obesity disparities and where to begin:

- 1) Maximizing food assistance resources to families and children. Even when families have maximized these programs, some continue to have food insecurity/hunger. If our state could expand food assistance, that would be amazing.
- 2) Supporting complete the streets/walkability in neighborhoods and increasing/supporting parks. Making walking safe and accessible to communities build community and provides opportunity for the best exercise (walking).
- 3) Support breastfeeding efforts, particularly in workplaces (safe, private places for mom's to pump and regular time intervals to do so during work day).
- 4) Support school nutrition and physical activity. Mandate PE in all grades and improve the nutritional content/tastiness of school food (more whole foods, food prepared on site, etc.)
- 5) Support childcare/preschools/early ed in nutrition and activity
- 6) Support medical insurance coverage (or subsidies) of obesity prevention/nutrition/activity programs for children such as the ACT program (nutrition/fitness program for 8-14 year olds at YMCA's in our state).

As we wrote in our editorial, leveling the playing field, making communities stronger to improve access to healthy food and activity will be the key in reducing disparities. Place matters.

thanks!!

lenna

Lenna L. Liu, MD, MPH

Odessa Brown Children's Clinic

2101 E Yesler Way

Seattle, WA 98122

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gapps

GLOBAL ALLIANCE TO PREVENT
PREMATURITY AND STILLBIRTH

an initiative of Seattle Children's

May 14, 2014

Governor's Interagency Council on Health Disparities
Washington State Board of Health
PO Box 47990
Olympia WA 98504-7990

Dear Council Members:

The Global Alliance to Prevent Prematurity and Stillbirth (GAPPS) commends the Governor's Interagency Council on Health Disparities for selecting adverse birth outcomes as a priority in the coming year. GAPPS, an initiative of Seattle Children's Hospital, works collaboratively to increase awareness and catalyze innovative research and interventions that will lead to improvements in maternal, newborn, and child health outcomes locally and around the world.

Data from the Urban Indian Health Institute and Washington Department of Health shows that continuing inequities for certain communities lead to ongoing disparities in birth outcomes. Babies born prematurely have an increased risk for life-threatening infections, cerebral palsy, brain injury, and respiratory, vision, hearing, learning and developmental problems. Many diverse families have limited access to culturally appropriate health care resources, and many general awareness and prevention campaigns do not reach these communities and may not be entirely appropriate.

We know that with greater awareness of and focus on the toll of prematurity and infant mortality in American Indian/Alaska Native, African American and Pacific Islander communities; we can save and improve lives in these communities across Washington State. We believe strategies that incorporate strengthening culturally appropriate health care, advance research into the causes and mechanics of preterm birth and infant mortality in high risk populations, and creating culturally appropriate awareness and intervention programs will lead to improved birth outcomes.

We offer our expertise and would like to participate on your advisory committee that addresses adverse birth outcomes. We look forward to engaging with you and other organizations to improve birth outcomes for all of our families in Washington State.

Sincerely,

Craig E. Rubens, MD, PhD
Executive Director

NAWDIM

Native American Women's Dialog on Infant Mortality
c/o 2524 16th Avenue S., #207A, Seattle, WA 98144
NAWDIM@gmail.com

May 14, 2014

Governor's Interagency Council on Health Disparities
Washington State Board of Health
PO Box 47990, Olympia WA 98504-7990

Dear Council Members:

On behalf of the Native American Women's Dialog on Infant Mortality (NAWDIM) we want to express deep appreciation that your Council has prioritized adverse birth outcomes in Washington State.

NAWDIM is a collective of American Indian and Alaska Native (AI/AN) people and allies who came together in 2000, concerned about the disproportionately high AI/AN infant mortality rates. (The Chair of the GICHD, Emma Medicine White Crow, was one of the founding mothers of NAWDIM.) Through monthly meetings and strong networking among Native community groups, individuals, and Public Health Seattle-King County, we educated ourselves and others about the data, we gathered and shared stories to answer the questions, "Why are our rates so high?" and have moved to the question: "What can we do to directly affect these rates?"

Through the years, we came to understand that low birth-weight and premature birth are the keys to our work in the AI/AN communities in Washington. In the past, NAWDIM has offered infant cradleboard classes, where we combine traditional, cultural teaching with appropriate health education topics. Currently we are working on a March of Dimes project to conduct an assessment of maternal care among the 29 federally-recognized tribes and urban Indian clinics in Washington State.

We are pleased to submit the following recommendations for consideration by the Council and your advisory committees:

- Understand that each tribe and urban community is unique – we recommend that the advisory council members have a basic understanding of (or be offered the opportunity to learn about) tribal sovereignty, generational trauma, and what strong assets exist in Washington to move ahead towards better health for our communities.
- Practice careful listening to the AI/AN community members you engage in this process.
- Respect that there are distinct voices in AI/AN communities – political, professional and grassroots – and honor the diversity of these perspectives (rather than expect that one speaks for all).

If we can be of any help to you in this work, please don't hesitate to contact us, at NAWDIM@gmail.com.

Respectfully,

Leah Henry Tanner and Shelley Means

NAWDIM Co-Coordinators



DATE: May 15, 2014

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

FROM: Emma Medicine White Crow, Chair

SUBJECT: **REVIEW AND DISCUSS STATE SYSTEM WORKGROUP
RECOMMENDATIONS ON LANGUAGE ACCESS**

Background and Summary:

In accordance with RCW 43.20.275, the Governor's Interagency Council on Health Disparities is authorized to collect information and make recommendations to improve the availability of culturally and linguistically appropriate services within public and private agencies. It is also authorized to gather information to understand how the actions of state government ameliorate or contribute to health disparities.

In alignment with those statutory responsibilities, in May 2011, the Council passed a motion to select the state system as a priority and convened an ad hoc workgroup of Council members to develop recommendations for the full Council's consideration. The workgroup agreed to focus on language access to state services.

During today's meeting, workgroup members Frankie Manning, Gail Brandt, Nora Coronado, Millie Piazza, and I will present draft recommendations that can assist state agencies in providing meaningful language access to information and services for Washingtonians with limited English proficiency. The recommendations align with Results Washington Goal 5, "Effective, efficient and accountable government", and specifically the sub topic of customer satisfaction.

Recommended Council Action:

The state system and health disparities workgroup proposes the following motion for the full Council's consideration:

Motion: The Council adopts the recommendations presented in the Language Access Policy Paper as presented on May 15, 2014.

Background:

In accordance with RCW 43.20.275, the Governor's Interagency Council on Health Disparities (Council) is authorized to collect information and make recommendations to improve the availability of culturally and linguistically appropriate services within public and private agencies. It is also authorized to gather information to understand how the actions of state government ameliorate or contribute to health disparities. In alignment with those statutory responsibilities, in May 2011, the Council passed a motion to select the state system as a priority and convened an ad hoc workgroup of Council members to develop recommendations for the full Council's consideration. The workgroup first convened on August 1, 2012 and agreed to focus on language access to state services. This policy paper provides context and supporting research that the workgroup used to prepare its recommendations for the Council.

Definitions and Acronyms

LEP: Limited-English Proficiency

Interpretation and Translation:

Interpretation involves the immediate communication of meaning from one language (the source language) into another (the target language). An interpreter conveys meaning orally, while a translator conveys meaning from written text to written text.

Language Access Recommendations for the Council's Consideration:

The following recommendations can assist state agencies in providing meaningful language access to information and services in order to help ensure compliance with Title VI of the Civil Rights Act. The recommendations align with [Results Washington Goal 5](#), "Effective, efficient and accountable government", and specifically the sub topic of customer satisfaction.

1. State agencies should develop and implement language access policies and plans containing the following key elements:
 - Assessment of appropriate language assistance needs using the four-factor analysis outlined in the Department of Justice Guidance.¹
 - Identification and translation of essential public documents.
 - Provision of quality and timely interpretation services.
 - Procedures for training staff on the policy and agency procedures.
 - Posting of signage about the availability of interpretation services.
 - Measurement and reporting system to track services provided.
 - Public awareness strategies.
2. State agencies should designate language access coordinators to oversee and implement their agency's language access plans.
3. The Governor's Office should identify an individual and/or office (at the executive level if possible) to provide central coordination, including the following key functions:
 - Ensure prioritization of language access across agencies.
 - Oversee implementation of agency language access policies and plans.
 - Develop resources, tools, and templates to facilitate implementation across agencies.
 - Convene regular meetings of agency language access coordinators to leverage resources and share best practices.

¹ [Department of Justice Guidance](#) to Federal Financial Assistance Recipients Regarding Title VI Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons.

Washington Demographics:

Washington's population continues to become more diverse. In 2010, the Office of Financial Management estimated that 27.2% of Washingtonians were people of color, up from 23.8% in 2008 and 20.6% in 2000. Washington's Hispanic population has been the fastest growing group, increasing from 9.3% in 2008 to 11.2% in 2010. The Asian and Pacific Islander population increased from 6.9% to 7.7% over the same period. In 2010, the Black and American Indian/Alaska Native populations accounted for 3.4% and 1.4% of the total population, respectively.²

Moreover, the foreign-born population in Washington State is growing. Between 2000 and 2011, the foreign-born population grew by 48.0% and in 2011, made up 13.3% of Washington's total population.³ The largest share of the foreign-born population was from Asia (39.8%) and the second largest was from Latin America (30.7%). The growth in the foreign-born population is important since in 2011, 46.7% of Washington's total foreign-born population was LEP.⁴ Further, in 2011, 4.2% of all households in Washington were linguistically isolated (i.e., all persons in the household age 14 and over were LEP). Washington State is among the top ten states with the largest LEP population and the highest growth in LEP population.⁵ Currently, there are more than half a million LEP persons in Washington State and the percent of the population age 5 and above living in households where English is spoken less than "very well" has risen from 2.7% in 1980 to 8.0% in 2011.⁶ The most prevalent languages spoken are Spanish, Chinese, Vietnamese, Korean, and Russian.

Federal Requirements for Providing Language Assistance Services:

- [Title VI of the Civil Rights Act](#) ensures no person can be excluded from participation, denied benefits, or subjected to discrimination on the grounds of race, color, or national origin by any recipient of federal financial assistance.
- In *Lau v. Nichols* (1974), the Supreme Court interpreted Title VI as ensuring that LEP individuals are not excluded from participation in federally-funded programs, establishing a link between discrimination based on national origin and discrimination based on language.
- On August 11, 2000, the President signed [Executive Order 13166](#), which required each federal agency to develop a plan to improve access to programs and activities for LEP persons and to draft guidance for its recipients of financial assistance based on guidance from the Department of Justice.
- In February 2011, U.S. Attorney General Eric Holder, issued a [memorandum](#) reaffirming the federal government's commitment to language access obligations under Executive Order 13166. The memorandum listed specific requirements each federal agency must comply with, including developing agency language access working groups and regularly updating agency policies, plans, and protocols.

Four-Factor Analysis

The Department of Justice guidance document ([DOJ Guidance](#)) outlines a four-factor analysis for agencies to consider when developing a plan to ensure meaningful access to the information and services they provide. The four-factor analysis includes:

1. The number and proportion of LEP individuals served.
2. The frequency of contact LEP individuals have with the program or service.
3. The nature and importance of the program.
4. The resources available.

² Washington State Office of Financial Management. [Total Population by Race, age, sex and Hispanic Origin: 2010](#).

³ Migration Policy Institute (2012). MPI Data Hub: [Washington Social and Demographic Characteristics](#).

⁴ Migration Policy Institute (2012). MPI Data Hub: [Washington Language and Education](#).

⁵ Migration Policy Institute (2011). National Center on Immigrant Integration Policy. [LEP Data Brief: Limited English Proficient Individuals in the United States: Number, Share, Growth, and Linguistic Diversity](#).

⁶ Washington State Office of Financial Management. [Languages Spoken at Home](#) (modified May 1, 2013).

Washington Statewide⁷ Requirements for Providing Language Assistance Services:

- Washington State law against discrimination ([RCW 49.60](#)) prohibits discrimination based on race, creed, color, national origin, sex, honorably discharged veteran or military status, sexual orientation, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability.
- Washington State policy on diverse cultures and languages ([RCW 1.20.100](#)) welcomes and encourages the presence of diverse cultures and the use of diverse languages in business, government, and private affairs in the state.

Recent Washington Statewide Activities:

- The 2012 Supplemental Budget included a proviso requiring the Office of Financial Management to determine if interpretive services could be contracted in a more effective manner. In response, the office conducted a survey of state agencies to determine which agencies use interpretation services, how those services are obtained, and the cost of such services. The final report, [Study of Procurement of Interpreter Services](#) was submitted in February 2013.
- The Council, through a federal grant, convenes an Interagency LEP Workgroup. This is an informal workgroup of state agency staff who work on language access issues in their respective agencies. The workgroup serves as a forum for staff to learn from each other and leverage resources.
- Recent legislative proposals related to language access have focused on consolidating procurement of language assistance services, collective bargaining for interpreters, and improving access to language services in the education sector. To date, no comprehensive proposals to ensure access to all state services for LEP persons have been introduced.

Washington State Agency-specific Activities:

- Known examples of state agencies with written language access policies and plans include: Transportation, Corrections, Social and Health Services, Health Care Authority, and Employment Security. Several other agencies are currently working to develop written policies and plans.
- Knowledge of language access issues and provision of services among state agencies is uneven. Agencies providing language services are doing so in unique ways to meet agency-specific needs.

Comprehensive Language Access Policies in Other States:

- **Minnesota** law includes [communications service provisions](#) related to hiring of bilingual employees and interpreters and translating materials.
- In 2001, the **Maryland** General Assembly passed a bill requiring a survey to assess the need for interpretation and translation services by state departments, agencies, and programs. In 2002, Maryland adopted a law ensuring equal access to public services for individuals with limited English proficiency ([Title 10-1101](#), [10-1102](#), [10-1103](#), [10-1104](#), and [10-1105](#)).
- In 2004, the **District of Columbia** adopted the [Language Access Act of 2004](#).
- In 2006, the **Hawaii** Legislature enacted the Language Access Law (Act 290) – the law was later amended in 2008, 2009, 2012, and 2013 ([Hawaii Revised Statute 321C](#)).
- In 2011, **New York** Governor Cuomo issued [Executive Order No.26](#) creating a Statewide Language Access Policy.
- In 2012, the **Massachusetts** Office of Access and Opportunity issued [Administrative Bulletin #16](#) - Language Access Policy and Guidelines for executive branch agencies to develop and implement language access plans.

Table 1 provides a list of elements common to many of the statewide policies listed above.

⁷ This briefing document focuses on statewide efforts. Policies that require the provision of language assistance services and/or prohibit discrimination in certain settings (e.g., courts), sectors (e.g., education), or by certain agencies are beyond the scope.

Table 1: Common Provisions of Statewide Language Access Policies

	Assessment, Translation, Interpretation	Coordinating Entity	Agency Points of Contact	Agency Plans
Minnesota	Directs agencies to assess needs using the four-factor analysis, to employ enough bilingual persons or interpreters, and to translate materials to ensure provision of information and services in the language spoken by a substantial number of LEP individuals.	The Commissioner of Administration is charged with determining application of the law to each state agency.	No provision.	No provision.
Maryland	Directs agencies (in a phased-in schedule) to provide interpretation services and translate vital documents for languages spoken by 3% of the service area.	Assigns central coordination and technical assistance to the Department of Human Resources in consultation with the Office of the Attorney General.	No provision.	No provision.
District of Columbia	Directs agencies to utilize the four-factor analysis and provide interpretive services based on results. Directs agencies to translate vital documents in languages spoken by 3% of the population served (or 500 people), whichever is less.	Establishes the position of Language Access Director in the Office of Human Rights to provide oversight, central coordination, and technical assistance.	Directs agencies to designate a language access coordinator who reports directly to the agency's Director. The coordinator is responsible for providing public outreach and obtaining input to guide the agency's plan development.	Directs agencies to establish language access plans and to update the plans every 2 years. Provides for a phased in implementation schedule.
Hawaii	Directs agencies to assess language needs using the four-factor analysis, to provide interpretation services, and to translate vital documents for languages spoken by 5% of the population served (or 1,000), whichever is less.	Establishes an Office of Language Access within the Department of Health and assigns oversight to the Office's Executive Director (ED). Requires the ED to maintain a resource center, provide training, and work to create a certification process among other requirements. Establishes a language access advisory council.	Directs agencies to designate a language access coordinator.	Directs agencies to establish a language access plan.
New York	Directs agencies to translate vital documents into the six most common languages and to provide interpretation services.	Assigns oversight and coordination to the Deputy Secretary for Civil Rights.	Directs agencies to appoint a language access coordinator to monitor compliance.	Directs agencies to publish a language access plan to include an employee training plan among other requirements.
Massachusetts	Directs agencies to use the 4-factor analysis, provide interpretation services, and to translate vital documents (including website information) for languages spoken by 5% of the population served.	The Office of Access and Opportunity within the Executive Office for Administration and Finance created a policy and guidelines and serves in a coordinating, oversight, and technical assistance role.	Directs agencies to designate a language access coordinator who reports to the agency head and is responsible for agency implementation and compliance.	Directs agencies to develop a language access plan consistent with the guidelines and to update every two years. Plans must include a needs assessment, resource assessment, protocols, and a training plan among other requirements.

Select City and Other Local Activities:

- A growing number of cities, including San Francisco, Oakland, Philadelphia, and New York City (to name just a few) have ordinances and/or executive orders in place related to language access to city services.
- In October 2010 in Washington State, King County Executive Dow Constantine issued an [Executive Order](#) on written language translation processes. The executive order establishes a translation process and sets minimum requirements for determining which documents must be translated.
- The New York City Mayor's Office of Immigrant Affairs and Office of Operations recently released a white paper, titled [Language Access 2.0 – Sharing Best Practices, Improving Services, and Setting Future Goals](#), which provides guidance to other states and municipalities considering the adoption of comprehensive language access policies and plans. In 2013, the New York City Office of Immigrant Affairs released a [Blueprint for Language Access](#).

Best Practices

The New York City Office of Immigrant Affairs has identified the following best practices for states and municipalities to include in comprehensive language access policies and plans:

- Requiring all agencies to develop and implement language access plans with deadlines and containing key elements:
 - Assessment of appropriate language assistance needs using the four-factor analysis
 - Identification and translation of essential public documents
 - Provision of quality and timely interpretation services
 - Procedures for training staff on the policy and agency procedures
 - Posting of signage about the availability of interpretation services
 - Measurement and reporting system to track services provided
 - Public awareness strategies
- Providing central coordination at a high level (executive level if possible) to ensure prioritization of language access across agencies. The central coordinating entity should oversee implementation and compliance and develop resources, tools, and templates to facilitate implementation across agencies.
- Requiring all agencies to designate a language access coordinator to oversee and implement their respective agency plans. The central coordinating entity should convene regular meetings of the agency coordinators.



DATE: May 15, 2015

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

FROM: Emma Medicine White Crow, Chair

SUBJECT: REVIEW AND DISCUSS ACTION PLAN UPDATE

Background and Summary:

Since the release of the Council's 2012 State Policy Action Plan to Eliminate Health Disparities, the Council has been submitting biannual update reports to the Governor and Legislature. The updates have highlighted implementation of the Council's recommendations.

Today, I have asked to staff to review the draft text for our *June 2014 Update* report. This latest update aligns Council priorities and recommendations with Results Washington, provides updates on the CLAS project and Health Impact Reviews, and potentially includes new recommendations related to language access. As was done with past reports, I am recommending the Council approve the draft text, incorporate any suggestions from today's discussion that the whole Council determines should be moved forward, and authorize the Council chair to approve the final report on the Council's behalf.

Recommended Council Action:

After reviewing draft text for the *June 2014 Update*, the Council may choose to consider, amend if necessary, and adopt the following motion:

Motion: The Council approves in concept the draft text of the June 2014 Update as submitted on May 15, 2014, directs staff to incorporate changes from today's discussion as necessary, and authorizes the chair to approve the final report for submission to the Governor and Legislature.

DRAFT—This draft report was developed by staff for review and consideration by the Health Disparities Council at its May 15, 2014 meeting. It is not a final report.



June 2014 Update

State Action Plan to Eliminate Health Disparities

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June 2014

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BACKGROUND and INTRODUCTION

The term “health disparities” is defined as the difference in incidence, prevalence, mortality, or burden of disease and other adverse health conditions that exists between specific population groups. The Governor’s Interagency Council on Health Disparities (Council) was created in 2006 and charged with identifying priorities on an incremental basis and creating recommendations for the Governor and the Legislature to eliminate health disparities by race/ethnicity and gender for those priority health topics.

The Council includes representatives from 14 state agencies, boards, and commissions. Its interagency structure enables it to focus not only on traditional health topics, but also on the social determinants of health, i.e., factors where we live, learn, work, and play that affect health. In recent years, the Council’s focus has been on developing and implementing recommendations that its member agencies could take steps toward implementing within existing resources.

This report highlights new recommendations on language access and aligns Council recommendations with Results Washington. It also provides updates on Council efforts to promote the National Standards for Culturally and Linguistically Appropriate Services and a summary of health impact reviews completed during the 2014 legislative session.

LANGUAGE ACCESS RECOMMENDATIONS

The Council has the statutory responsibility to collect information and make recommendations to improve the availability of culturally and linguistically appropriate services within public and private agencies. It is also authorized to gather information to understand how the actions of state government ameliorate or contribute to health disparities. In alignment with those responsibilities, the Council adopted the state system and its impacts on health disparities as a priority and convened an ad hoc workgroup of Council members to develop recommendations for the full Council’s consideration. Workgroup members agreed to focus on language access to state services and presented draft recommendations to the Council at its May 2014 meeting.

[Insert action of the Council]. The workgroup’s policy paper on language access, which provides context and supporting research that the group used to prepare its recommendations, is included as an appendix in this report.

[Placeholder text—pending action by the Council] The following recommendations can assist state agencies in providing meaningful access to information and services for Washingtonians with limited English proficiency.

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1. State agencies should develop and implement language access policies and plans containing the following key elements:
 - Assessment of appropriate language assistance needs using the four-factor analysis outlined in the Department of Justice Guidance.¹
 - Identification and translation of essential public documents.
 - Provision of quality and timely interpretation services.
 - Procedures for training staff on the policy and agency procedures.
 - Posting of signage about the availability of interpretation services.
 - Measurement and reporting system to track services provided.
 - Public awareness strategies.
2. State agencies should designate language access coordinators to oversee and implement their agency's language access plans.
3. The Governor's Office should identify an individual and/or office (at the executive level if possible) to provide central coordination, including the following key functions:
 - Ensure prioritization of language access across agencies.
 - Oversee implementation of agency language access policies and plans.
 - Develop resources, tools, and templates to facilitate implementation across agencies.
 - Convene regular meetings of agency language access coordinators to leverage resources and share best practices.

ALIGNMENT WITH RESULTS WASHINGTON

The Council's 2012 State Policy Action Plan to Eliminate Health Disparities included recommendations for agency actions to address disparities in behavioral health, environmental exposures and hazards, and poverty. Progress toward the implementation of those recommendations has been documented in the June 2013 and December 2013 updates. Those same agency actions also work collectively toward the accomplishment of Results Washington goal areas, outcome measures, and leading indicators.

Results Washington is Governor Inslee's strategic framework to make state government more effective, efficient, accountable, and transparent. All state agencies are working collaboratively to achieve the goals of world-class education; prosperous economy; sustainable energy and a clean environment; healthy and safe communities; and efficient, effective, and accountable government.

¹ [Department of Justice Guidance](#) to Federal Financial Assistance Recipients Regarding Title VI Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons.

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This section of the report demonstrates how Council recommendations fit into the Results Washington framework. The following four goal maps show the Results Washington Goals, Goal Topics, Sub Topics, Outcome Measures, and in some cases Leading Indicators that the Council’s recommendations align with. Actions that agencies are taking to implement the Council’s recommendations are shown in the dashed boxes.

The Council has also recently adopted two new priorities, inequities in birth outcomes and childhood obesity disparities, and is currently working to develop recommendations to address these challenges. Both priorities support Results Washington Goal 4: Healthy and Safe communities.

Collectively, these strategies help to achieve Results Washington goals of world-class education; sustainable energy and a clean environment; healthy and safe communities; and efficient, effective, and accountable government as well as the Council’s goals to eliminate health disparities and promote health equity.

GOAL 1: WORLD-CLASS EDUCATION

Expecting every child to receive a world-class education that prepares him or her for a healthy and productive life, including success in a job or career, in the community and as a lifelong learner

ACCESS

All Washingtonians have access to education that prepares them to transition to elementary, middle, high school, postsecondary, career and lifelong learning opportunities

EARLY LEARNING

1.1. Increase the percentage of children enrolled in high-quality early learning programs from 2013 baseline to targets per program

Promoting cultural competence and diversity of early learning providers

K-12

1.2. Increase the percentage of schools rated exemplary or very good on the Washington School Achievement Index from X to X by 20XX

1.2.f. Increase project-based, career, workplace, community learning opportunities that provide STEM and 21st century skills from X to X by 20XX

Increasing access to health career development opportunities for kids of color

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GOAL 3: SUSTAINABLE ENERGY AND A CLEAN ENVIRONMENT
Building a legacy of resource stewardship for the next generation of Washingtonians

CLEAN AND RESTORED ENVIRONMENT
Keep our land, water and air clean

HEALTHY LANDS

3.1 Increase the number of contaminated sites cleaned up by 17% from 5,185 to 6,803 by 2020

3.1.a. Increase number of contaminated brownfield sites returned to economically productive use from 476 to 641 by 2016

Reduce the amount of waste produced by state agencies by prioritizing reducing, reusing, and recycling

Reduce environmental contamination and waste by increasing environmentally preferred purchasing by state agencies

GOAL 4: HEALTHY AND SAFE COMMUNITIES

Fostering the health of Washingtonians from a healthy start to a safe and supported future

HEALTHY PEOPLE

Provide access to good medical care to improve people's lives

HEALTHY BABIES

HEALTHY YOUTH AND ADULTS

1.1. Decrease percentage of preterm births from 9.6% in 2011 to 9.1% by 2016

1.2. Decrease percentage of adults reporting fair or poor health from 15% in 2011 to 14% by 2017

1.1.b.1: Decrease percentage of infants born with low birth weight among Blacks from 9.6% to 9.3% by 2016 and American Indian/Alaska Native populations from 8.7% to 8.5% by 2016

Developing recommendations to reduce disparities in adverse birth outcomes (in progress)

Limiting barriers to promoting diversity in behavioral health professions

Reducing barriers for behavioral health professionals to obtain cultural competency training as continuing education

Collecting, analyzing, and disseminating behavioral health data disaggregated by race/ethnicity and other demographic variables

Ensuring payment models incentivize culturally competent care coordination and other services

Ensuring requirements for evidence-based screening allow for cultural and linguistic adaptation

Supporting strategies in the 2012 Rural Health Care Strategic Plan

1.2.Y.b: Increase percentage of 10th graders with healthy weight from 75% to 76% by 2016

1.2.A.d.1: Increase percentage of persons with healthy weight among Native Hawaiians/Other Pacific Islanders from 26% to 27%; American Indians/Alaska Natives from 22% to 23%; Blacks from 24% to 25%; Hispanics from 26% to 27% by 2016

Developing recommendations to reduce disparities in childhood obesity (in progress)

1.2.A.f: Increase the percentage of healthier food options being offered to low income families through food pantries, farmers markets, and meal programs by 5% from 2014 baseline by 2017

Ensuring diverse representation on the Food System Roundtable and ensuring the needs of diverse communities are included in the 25 year vision

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GOAL 5: EFFECTIVE, EFFICIENT AND ACCOUNTABLE GOVERNMENT

Fostering a Lean culture that drives accountability and results for the people of Washington

CUSTOMER SATISFACTION AND CONFIDENCE

"I'm being served well"

CUSTOMER SATISFACTION

1.1. Increase/maintain customer service satisfaction with accuracy, timeliness, respectfulness from XX% to more than 80% by 20XX

Promoting diversity and cultural competency among state agency staff and management

Using data and incorporating strategies into agency plans to ensure state services are delivered equitably and resources are targeted to those most in need

Ensuring diverse communities are informed and involved in agency decision-making

Ensuring meaningful access to state services and information among Washingtonians with limited English proficiency

CLAS STANDARDS PROJECT UPDATE

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS standards) are a comprehensive set of guidelines that inform and facilitate the provision of culturally and linguistically appropriate services. The goals of the standards are to advance health equity, improve quality of services, and work toward the elimination of health disparities. The standards can be implemented by any entity wishing to provide services that are responsive to the diverse cultural, language, literacy, and other needs of the populations it serves.

Recently the Council adopted CLAS as a priority and member agencies have been working to raise awareness of CLAS and obtain agency support to implement CLAS policies and practices. Following are four examples, which highlight different approaches agencies are taking.

- The Health Care Authority has adopted an agency-wide approach to developing and implementing a CLAS policy. In February 2014, the agency's director, Dorothy Teeter and the Executive Leadership Team approved the creation of the "Health Equity: Culturally and Linguistically Appropriate Services Initiative." The initiative is supported by 12 workgroup

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members representing different divisions and offices. To date, the workgroup has developed a charter and has begun work to create an agency CLAS policy, conduct an organizational self-assessment, implement CLAS practices in every division, and educate staff and partners on the importance of cultural competency and language services. The workgroup is also identifying ways to incorporate CLAS into the agency's strategic plan to ensure sustainability and integration of CLAS into all agency activities.

- At the Office of Superintendent of Public Instruction (OSPI), information on CLAS was presented to a few staff members in December 2013, which was followed by a presentation to the OSPI Cabinet in January 2014. Agency leadership approved an approach to explore the creation of a CLAS policy and implementation of CLAS strategies at the division level. In March 2014, agency sector directors received a presentation on CLAS and have been invited to participate in the CLAS project in ways that meet the needs of their sections.
- The Department of Social and Health Services adopted an agency-wide policy on cultural competence with guidelines for implementation within each administration in September 2011. The stated purpose of the policy is to create and maintain an environment within that values and supports cultural competence and embraces respect for the individual differences of employees and clients. Currently, administration workgroups are reviewing alignment of their existing plans with the CLAS standards.
- The Department of Health has adopted an agency-wide approach to developing and implementing CLAS policies and procedures. In January 2014, the agency convened a health equity workgroup with representatives from across the agency. The agency's Chief of Health Equity serves as the executive sponsor for the workgroup and has appointed a lead manager to oversee CLAS planning and integration efforts. Current activities include reviewing existing agency policies and communications standards to identify opportunities to align with the CLAS standards, and developing an overall strategy with immediate actions and long-term initiatives. A presentation on CLAS is scheduled for the agency's senior management team at the end of May.

HEALTH IMPACT REVIEWS

According to RCW 43.20.285, the State Board of Health must conduct health impact reviews in collaboration with the Council. A health impact review is an analysis of how a proposed legislative or budgetary change will likely impact health and health disparities in Washington. It provides objective information that policy makers can use when deciding whether to proceed with a proposal, or to make changes to the proposal to mitigate the harms, maximize the health benefits, and potentially reduce costs. Statute requires that staff complete health impact reviews within 10 days when requested during legislative session. Only the Governor or a member of the Legislature can request a health impact review.

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For the 2014 legislative session, staff completed six health impact reviews –one received just prior to session, four during, and one at the close. Table 1 provides a summary of health impact review requests and findings. Executive summaries and full reports for each review are available on the State Board of Health’s [Health Impact Review Web page](#).

Table 1: Health Impact Reviews Requested For the 2014 Legislative Session		
Subject of Request	Requester	Overall Findings
SHB 1680 – Relating to implementing strategies to close the educational opportunity gap	Representative Sharon Tomiko Santos	SHB 1680 has potential to decrease disproportionate representation of students of color in disciplinary action in schools; increase cultural competence among educators; increase the number of teachers with endorsements in special education, bilingual education, and English language learner education; increase recruitment and retention of teachers of color; decrease educational opportunity gaps; and decrease health disparities.
SB 6170 – Concerning cultural competency education for health care professionals	Senator Karen Keiser	SB 6170 has potential to increase cultural competency among health care personnel, improve health and healthcare outcomes for diverse patient populations, and decrease health disparities.
SSB 6439 – Concerning preventing harassment, intimidation, and bullying in public schools	Senator Marko Lias	SSB 6439 has potential to decrease bullying in schools; improve student health outcomes (particularly for lesbian, gay, bisexual, transgender, queer, and questioning students and students who are underweight or overweight); and decrease health disparities.
HB 2451 – Restricting the practice of sexual orientation change efforts	Senator Marko Lias	HB 2451 has potential to mitigate harms and improve health outcomes among lesbian, gay, bisexual, transgender, queer, and questioning patients and decrease health disparities.
Capital Budget Request – Request to partially fund the construction of five community health centers	Representative Cindy Ryu	Partially funding the five community health centers has potential to increase access to culturally and linguistically appropriate health care and improve health outcomes for an estimated 42,300 underserved patients and to decrease health disparities.
SB 5571 – Increasing public awareness of mental health illness and its consequences	Senator Rosemary McAuliffe	SB 5571 has potential to increase knowledge of mental health issues, decrease mental health stigma, lead to positive behavior changes (e.g., increased help-seeking), improve health outcomes, and decrease health disparities.

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COUNCIL MEMBERSHIP

The Council has 17 members: a chair appointed by the Governor; representatives of 14 state agencies, boards, and commissions; and two members of the public who represent the interests of health care consumers. A list of current Council members is provided in Box 2. The interagency structure of the Council allows it to have a statewide and broad approach to addressing health disparities. The Council considers not only health and healthcare issues, but also the social factors that influence health, such as education, poverty, employment, and the environment.

Box 2: Governor’s Interagency Council on Health Disparities Membership	
Governor’s Representative and Council Chair:	Emma Medicine White Crow
Consumer Representative and Council Vice Chair:	Frankie T. Manning
Consumer Representative:	Gwendolyn Shepherd
Commission on African American Affairs:	Kameka Brown
Commission on Asian Pacific American Affairs:	Sofia Aragon
Commission on Hispanic Affairs:	Nora Coronado Diana Lindner (alternate)
Department of Agriculture:	Kim Eads
Department of Commerce:	Diane Klontz
Department of Early Learning:	Jonathan Green
Department of Ecology:	Millie Piazza John Ridgway (alternate)
Department of Health:	Gail Brandt
Department of Social and Health Services:	Marietta Bobba
American Indian Health Commission ² :	Willie Frank Jan Olmstead (alternate)
Health Care Authority:	Vazaskia Caldwell
Office of Superintendent of Public Instruction:	Dan Newell Greg Williamson (alternate)
State Board of Health:	Stephen Kutz
Workforce Training and Education Coordinating Board:	Nova Gattman

² The Governor’s Office of Indian Affairs delegated authority to the American Indian Health Commission to appoint a representative to the Council.

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COUNCIL REPORTS

In accordance with RCW 43.20.280 the Governor’s Interagency Council on Health Disparities is required to create an action plan to eliminate health disparities by race/ethnicity and gender and to update the plan biannually. A description of past Council action plans and report updates are included in Box 3.

Box 3: Council Reports	
2010 State Policy Action Plan to Eliminate Health Disparities (June 2010)	Includes recommendations on education, health insurance coverage, healthcare workforce diversity, obesity, and diabetes.
2012 State Policy Action Plan to Eliminate Health Disparities (December 2012)	Includes recommendations on behavioral health, environmental exposures and hazards, and poverty.
June 2013 Update: State Policy Action Plan to Eliminate Health Disparities	Highlights progress toward implementing the recommendations in the 2012 action plan.
December 2013 Update: State Policy Action Plan to Eliminate Health Disparities	Highlights Council work on the CLAS Standards and health impact reviews and provides status updates on select recommendations.
All reports are available on the Council’s Web site: HealthEquity.wa.gov	

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[insert language access policy paper as an appendix]

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May 2014 DEL Update

Washington State Department of Early Learning sent this bulletin at 05/07/2014 10:37 AM PDT



<http://content.govdelivery.com/accounts/WADEL/bulletins/b5d646>

DEL Update | May 2014

A Note From the Director

Child care providers are key partners in our state's effort to ensure high-quality settings for our state's youngest learners. In recognition of this fact, [Gov. Jay Inslee has proclaimed this Friday, May 9, as Child Care Provider Appreciation Day in Washington](#). More than a third of our state's licensed providers have joined Early Achievers and are working to build on their strengths and improve quality. It is not an easy journey, and this year, more than any other, I want to thank our providers for demonstrating their commitment to quality by joining Early Achievers. Child Care Aware of America has great ideas for ways families and community organizations can honor providers this week: www.providerappreciationday.org/

We and our partners at the University of Washington are hosting [Early Achievers Conferences](#) around the state for Early Achievers participants. It's a wonderful time for participants to network and dive into the details of Early Achievers.

We just issued [our Year 2 Race to the Top-Early Learning Challenge progress report](#). As you will see, we are working hard to make sure young children have the quality settings they need to be ready and excited for kindergarten. We are not doing this alone: Our partners at Child Care Aware of Washington, UW, the State Board for Community and Technical Colleges, and the Office of Superintendent of Public Instruction are helping make this happen.

I urge you to take a few minutes to read through this report and think about how far we have come-- and how much more we have to do to make sure every child has access to quality early learning!

-- Bette Hyde, DEL Director

DEL quick links



- Save the Date! [The 2014 Tribal Early Care and Education Conference](#) will take place on Aug. 12, 13 and 14 at the Great Wolf Lodge in Grand Mound. DEL sponsors this conference for early learning professionals who work primarily with native children and families. This year, the conference is in partnership with Child Care Action Council. More details coming soon!

- Registration is now open for [the sixth annual Starting Strong P-3 Institute](#). Join superintendents, principals, K-3 teachers, child care providers, parents and community agency partners in Kennewick on Aug. 5 and 6. Full-Day Kindergarten Symposium is on Aug. 4.



- [Public comment sought for new preschool development grants competition](#). U.S. Department of Education has posted for public comment executive summaries for two proposed types of preschool expansion grants: development grants (for states with small or no state-funded preschool programs) and expansion grants (for states with more robust state-funded preschool programs or that have been awarded a Race to the Top-Early Learning Challenge grant). These grants will help prepare states for the proposed Preschool for All program in the Department of Education's FY2015 budget request.

- [Statewide organizations join together to support Early Head Start-Child Care Partnerships grant applicants](#). Early learning leaders in Washington are forming a consortium to support applicants for a new federal grant that pairs Early Head Start and child care programs.



- The University of Washington School of Education is offering a free online course called **Positive Behavior Support in Young Children**. The goal of the course is to offer evidence-based practices to support the social and emotional development of infants and young children. You can [sign up to audit the course](#) and participate in all course activities. Certificates will not be issued.



Questions?
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