



Proposed Final Agenda

Thursday • September 11, 2014

9:45 a.m. – 4:00 p.m.

Department of Health

Point Plaza East, Rooms 152/153

310 Israel Road S.E., Tumwater, WA 98501

9:45 a.m.	CALL TO ORDER & INTRODUCTIONS	Emma Medicine White Crow, Council Chair
9:50 a.m.	1. Approval of Agenda <i>—Action</i>	Emma Medicine White Crow, Council Chair
9:55 a.m.	2. Approval of May 15, 2014 Minutes <i>—Action</i>	Emma Medicine White Crow, Council Chair
10:00 a.m.	3. iPad primer	Timothy Grisham, Council Staff
10:15 a.m.	4. Announcements and Council Business	Christy Hoff, Council Staff
10:25 a.m.	5. Update—CLAS Project	Yris Lance, Council Staff Kathleen Meehan, Department of Health
10:45 a.m.	6. Briefing—Breast Cancer, Race, and Place	Gail Brandt, Council Member Steven Garrett, Department of Health
11:10 a.m.	7. Briefing—Healthier Washington Project	Vazaskia Caldwell, Council Member Laura Zaichkin, Health Care Authority
12:00 p.m.	LUNCH	
1:00 p.m.	8. Briefing—Strategies to Increase Agency Diversity	Gail Brandt, Council Member Linda Riggle, Department of Health
1:25 p.m.	9. Briefing – Increasing the Diversity of Washington State’s Nursing Workforce	Frankie Manning, Council Vice Chair Mary Fertakis, Tukwila School Board and National School Boards Association
1:50 p.m.	10. Update—Healthiest Next Generation	Gail Brandt, Council Member Daisy Orr, Department of Health
2:30 p.m.	BREAK	
2:40 p.m.	11. Public Comment	
3:00 p.m.	12. Update—Language Access Recommendations	Emma Medicine White Crow, Council Chair Christy Hoff, Council Staff
3:30 p.m.	13. Council Member Announcements	Emma Medicine White Crow, Council Chair
4:00 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 Sep. 5, 2014. This meeting site is barrier free. Emergency contact number during the meeting is (360) 701-2398.



Draft Minutes of the Governor's Interagency Council on Health Disparities

May 15, 2014

**MLK F.A.M.E Community Center
3201 East Republican Street, Seattle, WA 98112**

HDC members present:

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

Jonathan Green
Diane Klontz
Frankie Manning
Emma Medicine White Crow
Millie Piazza
Gwendolyn Shepherd
Greg Williamson

HDC members absent:

Kameka Brown
Willie Frank

Steve Kutz

HDC Staff present:

Timothy Grisham, Communications Consultant
Christy Hoff, Health Policy Advisor

Yris Lance, CLAS Project Manager
Sierra Rotakhina, Health Policy Analyst

Guests and Other Participants:

Kathy Adams, ACEs Public-Private Initiative and Community Public Health and Safety Networks
Michelle Bogart, Department of Social and Health Services
Michelle Davis, State Board of Health
Meghan Donohue, Qualis Health
Marilyn Gisser, Department of Health
Erinn Havig, Department of Early Learning
Tory Henderson, Department of Health
Rebecca Lee, Cross Cultural Health Care Program
Audrey Levine, Midwives' Association of Washington State
Mikaela Louie, Cross Cultural Health Care Program
Mike McNickel, State Board of Health
Jean Mendoza, Friends of Toppenish Creek
Suzanne Pak, Cornerstone Medical Services
Jeffrey Perkins, member of the public

Lauren Platt, Nurse-Family Partnership
Joana Ramos, Washington State Coalition for Language Access
Jesus Reyna, Department of Health and Human Services, Office of Minority Health
Michelle Sarju, Open Arms
Valerie Sasson, Midwives' Association of Washington State
Jonté Sulton, Department of Transportation
Leah Tanner, Native American Women's Dialogue on Infant Mortality, Equal Start Community Coalition, and Seattle Children's
Crystal Tetrick, Public Health—Seattle & King County
Alula Vimenez Torres, National Asian Pacific Center on Aging
Diane Whitmire, Public Member
Dennis Worsham, Department of Health
Wendy Zheng, American Heart Association

Emma Medicine White Crow, Council Chair, called the public meeting to order at 9:50 a.m. and read from a prepared statement (on file).

1. APPROVAL OF AGENDA

Motion: Approve May 15, 2014 agenda

Motion/Second: Frankie Manning/Marietta Bobba. Approved unanimously.

2. ADOPTION OF FEBRUARY 12, 2014 MEETING MINUTES

Motion: Approve February 12, 2014 minutes

Motion/Second: Vazaskia Caldwell/Greg Williamson. Approved unanimously.

3. ANNOUNCEMENTS AND COUNCIL BUSINESS

Christy Hoff, Council Staff, said the Council provided three letters of support since the last meeting (on file behind Tab 3). She shared that Melanie Hisaw is the Board of Health's new Executive Assistant and Mike McNickle will be serving as the Board's new Health Policy Advisor for Environmental Health issues.

4. UPDATE—CLAS PROJECT

Yris Lance, Council Staff, provided an update on the Council's grant project to promote adoption of the National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards). She shared progress toward implementing the standards at the Health Care Authority, the Office of Superintendent of Public Instruction, and the Department of Social and Health Services. She said she has also contacted health care associations and organizations as well as community-based organizations to share information on CLAS. She attended the Rural Health Conference with Don Martin, Department of Health, to present on CLAS. She is currently working with the Interagency Committee of State Employed Women to include CLAS information at its upcoming conference.

Kim Eads, Council Member, said the Washington State Department of Agriculture is interested in receiving additional information on CLAS and they have scheduled a meeting with Ms. Lance. Gail Brandt, Council Member, said the Department of Health is actively working on developing an agency-wide CLAS policy. Greg Williamson, Council Member, said each section of the Office of Superintendent of Public Instruction is following up on CLAS. He added that as the agency revises its strategic plan it serves as an opportunity to incorporate health, health equity, and CLAS. Vazaskia Caldwell, Council Member, said the Health Care Authority is also incorporating CLAS into its strategic plan.

5. BRIEFING—HEALTH IMPACT REVIEWS

Sierra Rotakhina, Council Staff, provided a presentation on the health impact reviews completed during the 2014 legislative session (presentation on file behind Tab 5). She gave an overview of health impact reviews and shared information on the Council's outreach strategy to raise awareness of health impact reviews. She also provided an overview of the process staff uses to conduct the analyses. Member Caldwell asked for more information on how strength of evidence is defined and Ms. Rotakhina shared the Board's criteria. Marietta Bobba, Council Member, asked how staff would approach a review on a topic that has not been well researched. Ms. Rotakhina said that in addition to reviewing the scientific literature she would also conduct interviews with experts in the field. Member Williamson said that awareness of the connection between educational interventions and health equity is increasing. He asked whether staff had come across evidence to demonstrate whether interventions to promote health equity had a positive impact on educational outcomes. In response, Frankie Manning, Council Vice Chair, mentioned the Each Student Successful Summit,

which was held several years ago to explore health interventions as a way of improving student educational outcomes. Council Members discussed the need for linking health and education data.

6. BRIEFING—DEPARTMENT OF HEALTH'S HEALTH EQUITY WORKGROUP

Gail Brandt, Council Member, introduced Dennis Worsham, Deputy Secretary for Public Health Operations at the Department of Health. Mr. Worsham shared information about his personal and public health background. He said the Department of Health has recently created several agency-wide workgroups and he serves as the Chief of Health Equity, leading up the agency's Health Equity Workgroup. The workgroup has recently developed its charter and is currently developing a work plan. He said they intended to solicit input from the Council as they move forward. In addition, they have scheduled meetings with the racial/ethnic commissions to discuss partnerships and to obtain input on the work plan and charter.

Chair Medicine White Crow thanked Mr. Worsham for attending the meeting and offered the Council as a partner. She thanked Member Brandt for her work and contributions to the Council. Vice Chair Manning said she was pleased to see him working at the state level and acknowledged some of his past work in King County. Member Williamson said that high school seniors have a service requirement and suggested possible partnerships to work on health equity issues. Jonathan Green, Council Member, similar encouraged partnership between the Health Equity Workgroup and the Department of Early Learning. Gwendolyn Shepherd, Council Member, encouraged collaboration with the University of Washington's Institute of Translational Health Sciences. Member Bobba asked about the Department of Health's succession planning efforts (one of the other cross agency workgroups is focused on succession planning) and suggested that toolkits to assist community-based organizations could be useful.

7. BRIEFING—WASHINGTON STATE DEPARTMENT OF TRANSPORTATION'S CIVIL RIGHTS PROGRAMS

Chair Medicine White Crow introduced Jonté Sulton, Title VI Coordinator for the Washington State Department of Transportation's Equal Opportunity Office. Ms. Sulton provided a briefing on the Department of Transportation's civil rights activities (presentation on file under Tab 7). She said her role is to ensure that the agency and all of their partner organizations comply with Title VI of the Civil Rights Act and to ensure that the agencies consider limited English proficient (LEP) populations and environmental justice during transportation planning processes. She said WSDOT developed a Title VI plan as well as an LEP plan and update both plans regularly. She outlined the mission of Title VI and emphasized that any agency that is receiving federal assistance should be in compliance. She highlighted concrete examples of work the agency has done in order to ensure they are meeting the needs of all individuals who access transportation services. Ms. Sulton also highlighted the environmental justice work that WSDOT is conducting to identify, address, and mitigate negative impacts on low-income and communities of color.

Member Brandt asked about the process WSDOT uses to gather community input during planning. Ms. Sulton said they have a public outreach meeting for every community project. They work with community leaders to ensure communities are aware of the meetings. Sofia Aragon, Council Member, asked if the agency conducts environmental justice analyses when service are cut (as opposed to when new projects are being planned). She also asked whether WSDOT uses statewide outreach or only engages the local community. Ms. Sulton confirmed that the agency does hold public meetings to hear from the community when services are proposed to be cut. She said, community outreach for any given project is typically to the locally affected community, not statewide. Millie Piazza, Council Member, said that WSDOT is serving as a great model for other

agencies and commented on the important connections between transportation and health. Vice Chair Manning said one of the challenges she has witnessed is the high levels of dust and pollutants that road construction workers are exposed to and suggested that WSDOT might want to explore that potential hazard. Member Williamson brought up the recent Supreme Court decision relating to former railroad right-of-ways and bike paths. The court order indicated that those property rights should have gone back to the property owners rather than allowing the former railroad lines to be turned into bike paths. Ms. Hoff encouraged Council members to look at the information on environmental justice, Title VI, and language access posted on the WSDOT Web site.

The Council recessed for lunch at 12:00 p.m. and reconvened at 1:09 p.m.

8. BRIEFING—STATEWIDE ACES INITIATIVES

Chair Medicine White Crow referred Council members to the memo behind Tab 8. Kathy Adams, ACEs Public-Private Initiative and Community Public Health and Safety Networks, introduced herself and the other presenters. She provided a brief overview of the Adverse Childhood Experiences (ACE) study and shared an overview of the ACEs Public-Private Initiative (APPI). She said one of the APPI priorities is an evaluation of five community-based initiatives to reduce ACEs and limit their effects. Ms. Adams said APPI maintains a stakeholder list and will be sending out the evaluation report soon. Ms. Adams' presentation and those of the other presenters are on file under Tab 8. Tory Henderson, ACEs Public-Private Initiative and Department of Health, provided information on local health department efforts to address ACEs and shared information on the Frontiers of Innovation project. Erinn Havig, ACEs Public-Private Initiative and Department of Early Learning, provided an overview of the Strengthening Families Washington Project, which focuses on building protective factors for children and their families. Member Green said that the Department of Early Learning is only able to serve a percentage of eligible children through the Early Childhood Education and Assistance Program (ECEAP), so the agency uses a number of different factors, including ACEs to prioritize. Marilyn Gisser, Department of Health, shared information about the Essentials for Childhood program, which uses a collective impact approach. She said they have a steering committee, which is working to develop a common agenda and to identify strategies and metrics to collectively address ACEs, and they are still looking for more members to serve on the committee. She said they are working on their formal communications plan and are interested in suggestions to obtain input from community groups.

Chair Medicine White Crow offered the Council to assist with connection to community. Member Aragon said she recently attended a conference for the School Nurse Organization of Washington where a school principal shared the outcomes of work in his school to address ACEs. She suggested that they incorporate some of the real life stories from the community into their communications plan. Member Williamson said that the Comprehensive Health Education Foundation is also working on ACEs—he said he would share additional information with staff.

9. PUBLIC COMMENT

Jeffrey Perkins, member of the public, said he was concerned about medical providers not adequately serving people of color. He said people of color are gaining more access to health services through the Affordable Care Act and suggested that the race/ethnicity of doctors should be available so patients can find a provider from their own racial/ethnic background. He suggested that the Council look at best practices in other states. As an example, he mentioned a Minority Men's Health program that is doing some promising work and suggested that the Council focus on

programs to address childhood hunger, adding that hungry kids cannot learn well. He also shared a book called “Little Ethiopia of the Pacific Northwest”, which is about how Africans and Ethiopians came to Seattle, their health concerns, and other information on the community.

Valerie Sasson, Midwives Association of Washington, thanked the Council for prioritizing the reduction of adverse birth outcomes as a priority. She highlighted statistics of poor birth outcomes in the nation, as well as health disparities, and said our system of power is the root cause. Increasing access to midwifery care in all settings is one part of the solution. Midwifery is associated with positive birth outcomes, reducing disparities, and lower costs. She referred Council members to a brochure that the association developed. She asked that a representative from the Association be able to participate on the Council’s advisory committee, as well as Mary Lou Kopas with the American College of Nurse-Midwives.

Gene Mendoza, Yakima County community member, provided information on health disparities issues in Yakima County. She said that Yakima County is a productive agricultural county, the most intensely irrigated county, and a poor county that has seen an increase in population and has grown more diverse. She provided a few examples of health challenges in the county including schools built on agricultural land that has DDT in the soil and air and water quality problems associated with high concentration of dairy cows.

Joana Ramos, Washington State Coalition for Language Access, shared information on the Tools for Health project, which provides information on language access rights and language services in healthcare to consumers and providers. She said WASCLA hears stories about children serving as interpreters during medical settings, and the tools for Health Toolkit will help to provide education to reduce these practices. She said they are posting the materials on the WASCLA website for free download—materials can also be ordered directly through WASCLA.

Leah Tanner, Native American Women’s Dialogue on Infant Mortality (NAWDIM), Equal Start Community Coalition, and Global Alliance to Prevent Prematurity and Stillbirth (GAPPS), shared written testimony from the three organizations she was representing (on file under Tab 9). She said each group was also interested in participating on the Council’s birth outcomes advisory committee.

Crystal Tetrick, Public Health—Seattle & King County, offered the following recommendations to the Council as it moves forward with its work to address adverse birth outcomes: (1) include a focus on men, (2) dedicate funding to increase universal home visiting, (3) promote a Health Home model, (4) support studies to assess experiences of discrimination and impacts health, (5) promote access to affordable housing, (6) promote a life course approach to the healthcare of women, and (7) promote programs that reduce the impact of stress on African American and Native American women. She said Public Health—Seattle & King County is available as a resource to the Council.

Susanne Pak, Cornerstone Medical Services, said they are embarking on a project to raise awareness of stomach cancer among Asian Americans. She invited Council members to attend a summit called, “Making Stomach Cancer a Health Priority Among Asian Americans” on August 22 at the Clarion Hotel in Federal Way. She said stomach cancer is a classic example of a health disparity and provided some statistics on its impacts among Asian Americans.

10. REVIEW AND DISCUSS STATE SYSTEM WORKGROUP RECOMMENDATIONS ON LANGUAGE ACCESS

Chair Medicine White Crow referred Council members to the memo and language access policy paper behind Tab 10. She said that members were sent the paper in advance to allow time for discussion within member agencies and constituencies. She said she served on the Council's workgroup, which drafted the recommendations, along with Vice Chair Manning and Members Brandt, Coronado, and Piazza. She added that she and Member Piazza met with staff from the Governor's Office to discuss the recommendations.

Member Brandt indicated that the workgroup went through a few iterations of the paper and are happy with the recommendations. Member Piazza thanked Ms. Hoff for her work on the paper indicated that she is using it extensively. Vice Chair Manning said she thought it was useful to learn about the other statewide language access policies that have been adopted in other states. Member Williamson said he is pleased to see OSPI addressing language access and that the recommendations allow his agency an opportunity to continue this work. Member Caldwell said the policy paper has been very helpful in advancing this work in her agency as well.

Member Piazza asked Ms. Hoff to summarize the meeting with the Governor's staff. Ms. Hoff said she reached out to the Governor's Office to let them know about the recommendations in advance and that staff asked for the meeting. She said that in addition to Chair Medicine White Crow, Member Piazza, and four of the Governor's policy staff, Uriel Iniguez with the Commission on Hispanic Affairs was also at the meeting. She said the meeting went well and that they expressed an interest in having more information on what state agencies are already doing around language access. Member Piazza agreed that the meeting went well and that participants seemed engaged. She highlighted one participant's comment about the importance of providing information to limited English proficient individuals during emergencies, such as the Oso landslide. Chair Medicine White Crow said she appreciated the opportunity to continue to work with the Governor's Office on this issue. Ms. Hoff summarized some written comments from Kim Eads, Council Member, on the recommendations as Member Eads needed to leave the meeting early. Council members engaged in a discussion around potentially changing some language in the recommendations, but decided to retain the language as submitted in the policy paper.

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

Motion/Second: *Greg Williamson/Vazaskia Caldwell. Approved (thirteen ayes, one abstention).*

11. REVIEW AND DISCUSS ACTION PLAN UPDATE

Chair Medicine White Crow asked Council members to review the memo under Tab 11 and asked staff to review the draft report. Ms. Hoff said that before drafting the report, she met with Council Members Caldwell, Eads, Williamson, and Piazza to seek their input on how best to share current progress toward implementing the Council's recommendations. Ms. Hoff said that Council members felt strongly that the report should highlight how the Council's align with Results Washington. Ms. Hoff then reviewed the draft report with the Council – members made a few suggestions for edits and changes. Most notably, members suggested adding a table for Results Washington Goal 2 (Prosperous Economy) and to note that promoting educational and health equity can increase return on investment and improve economic prosperity.

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.*

Motion/Second: *Vazaskia Caldwell/Nova Gattman. Approved unanimously.*

12. COUNCIL MEMBER ANNOUNCEMENTS

Nova Gattman, Council Member, said she is the staff coordinator for the Healthcare Personnel Shortage Taskforce and that they have a meeting at Pierce College on Monday May 19, 2014. She said more information is on the Workforce Board's Web site. Member Caldwell mentioned the State Healthcare Innovation Plan and the collaborative work that is going on in the state. She said the Health Care Authority has released a request for letters of intent for planning grants to encourage community organizations to be involved in the planning in their communities. She said she would be attending the Healthcare Quality and Equity Action Forum in Boston in June. Member Williamson said he received a phone call from a woman at the Department of Health and Human Services who is working on a project to teach students about the social determinants of health and health equity. He said that he would keep the Council informed and Chair Medicine White Crow offered her support. Member Piazza shared that the Department of Ecology is developing a Language Access Plan. She added that the toxics program recently released a Spanish language webpage on the Tacoma smelter plume. Member Shepherd mentioned that she recently attended a workshop on dismantling racism in Olympia. Vice Chair Manning highlighted the remote access clinic that will be in Seattle on October 23-26th. She expressed how important it is to let the community know that this resource will be available. Member Bobba indicated that the Centers for Medicare and Medicaid Services recently provided funding to the Department of Social and Health Services to determine the demographics for people at risk for institutional placement or those already in institutional placements among Native American communities. They will hire a consultant to work with each individual tribe on this assessment. Member Green said that the Department of Early Learning is continuing to expand preschool in Washington and they are now receiving applications for the next contract year. Member Green said that he will be leaving the Council and that he has greatly enjoyed the work. Chair Medicine White Crow said it has been a pleasure serving with Member Green. Chair Medicine White Crow shared Member Coronado's written update, including that she will be serving on the Department of Health's anencephaly advisory committee. Ms. Hoff shared written updates from Member Klontz and Member Eads.

ADJOURNMENT

Chair Medicine White Crow adjourned the meeting at 4:33 p.m.



STATE OF WASHINGTON
GOVERNOR'S INTERAGENCY COUNCIL ON HEALTH DISPARITIES

Washington State Board of Health

PO Box 47990 • Olympia, Washington 98504-7990

June 26, 2014

Janna Bardi, Director
Office of Healthy Communities
Washington State Department of Health
PO Box 47839
Olympia, WA 98504-7839

Dear Ms. Bardi:

The Governor's Interagency Council on Health Disparities (Council) supports the Washington State Department of Health's application for the Centers for Disease Control and Prevention's *Heart Disease & Stroke Prevention Program and Diabetes Prevention State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke financed solely by 2014 Prevention and Public Health Funds* funding opportunity announcement (DP14-1422).

Childhood obesity disparities experienced by children of color and other vulnerable youth are currently a priority for the Council. We recognize the Health Department's long history of providing services to these communities and we look forward to continuing our essential and productive partnership with Department of Health. Now is a significant time to align systems to improve population health in Washington state. Together we are developing and employing strategic plans that will further reduce duplicative efforts while maximizing our impact in these important communities.

We support the grant application and applaud the Health Department's commitment to put strategies and activities into operation related to: 1) environmental and system approaches to promote health and healthy behaviors; 2) lifestyle improvements for the whole population as well as those with uncontrolled high blood pressure or those who are at high risk for developing type 2 diabetes; and 3) community-clinical linkages with an emphasis on priority populations.

We thank you for your ongoing efforts to prevent youth obesity, diabetes, and heart disease 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

Office of the Attorney General
Consumer Protection Division
Grant Review Committee
800 5th Avenue, Suite 2000
Seattle WA 9814-3188

Dear Grant Review Committee,

The Governor's Interagency Council on Health Disparities is pleased to write this letter of support for the Asia Pacific Cultural Center (APCC) and its project, the Wahine Fitness Program.

The Governor's Interagency Council on Health Disparities is charged with developing recommendations to eliminate health disparities by race/ethnicity and gender. Childhood obesity disparities are currently a priority for the Council and we have been working to support the Governor's Healthiest Next Generation initiative to promote healthy weight in kids and reduce disparities.

The Wahine Fitness Program helps to address obesity disparities and related health issues among Pacific Islander women and girls. The program uses fitness coaches who are Pacific Islander to provide regular motivation and guidance during the 1-year program. Integrating the Polynesian culture into the fitness classes, nutrition lessons, and cooking demonstrations makes this program unique, culturally appropriate, and truly accessible to the target population.

We ask that you consider supporting the APCC's Wahine Fitness Program as an investment in the healthier lives of Pacific Islander women and girls in Washington.

Sincerely,

A handwritten signature in black ink that reads "Emma R. Medicine White Crow".

Emma Medicine White Crow, Chair

July 2, 2014

Dear Attorney General Ferguson,

Thank you for your letter dated June 5, 2014 regarding environmental issues in the Lower Yakima Valley. We appreciate your response to our concerns and appreciate Assistant Attorney General Barney's introduction. We especially applaud your commitment to environmental justice for all populations across Washington. It may surprise you to hear that at least one member of the Lower Yakima Valley Groundwater Management Committee (GWAC) believes that environmental justice has no place in our discussions (Personal communication, Stuart Turner, 2013).

We want to take this opportunity to expand on disparities in Washington State so that you and other decision makers will have a clearer picture of the challenges people face in Yakima County. Due to a certain similarity in the environmental issues involved we will compare Yakima County with Whatcom County in parts of this letter. Please know that environmentalists in the Yakima Valley believe that many of our problems are due to the fact that there are simply too many cows in too small an area. 38% of the state's dairy cows are confined in Yakima County to a 512 square mile area. Yakima is the state's largest dairy county with 120,000 to 130,000 milk cows while Whatcom is number two with slightly over 60,000 milk cows.

Although dairy products are the second leading agriculture commodity in Washington the benefits come at a cost. Everyone wants ice cream but no one wants the associated waste piled up next door. (See Picture, Attachment 1). Pollution and health risks from dairy confined animal feeding operations (CAFOs) disproportionately affect poor and minority people of the Yakima Valley. For example, rates of infection with *Campylobacter jejuni*, a bacteria that is prevalent and asymptomatic in cattle, are 2 – 3 times higher in Yakima County compared with the state average and 25 times the state average in a zip code area with many dairies. (See Power Point, Attachment 2).

Recently, in the tri-county area Yakima, Benton and Franklin, there has been a spike in the number of newborns with anencephaly, a uniformly fatal birth defect in which part of the brain is missing (WA State Dept. of Health, 2014). California research suggests a link to nitrate levels in drinking water that is strikingly similar to the situation here (Croen, 2001). Along the same lines a team from the University of Washington demonstrated a link between gastroschisis, a condition in which the intestines are outside the abdominal wall at birth, and the herbicide Atrazine based on a high rate of this defect in babies born in the Yakima Valley (Waller et al, 2010).

We will show that, in spite of legislation to address disparities, various state agencies do not dedicate equal resources to Yakima County. With this in mind we will cc this letter to the Governor's Interagency Council on Health Disparities as well as agency representatives on the Lower Yakima Valley Groundwater Management Committee.

Demographics:

Public health relies heavily on statistics in order to prioritize and effectively address major health problems. There is a data base at the University of Wisconsin that ranks counties in each state with respect to *Health Outcomes* and *Health Factors* (County Health Rankings, n.d.). According to this analysis Whatcom County ranks number five in the state for outcomes while Yakima County ranks 35 out of 39 for outcomes.

The people of Yakima County are younger, less educated and poorer than the people of Whatcom County. In some rural towns over 80% of the population is Hispanic and people do not speak English at home. A family man who works long hours in the fields, is unfamiliar with local customs and struggles with English will have difficulty understanding that he has recourse when a neighbor piles manure next to his home. He is more likely to understand the possibility of retaliation and loss of employment if he complains.

Highlights from the 2010 Census

County	Population	Under 18	White	Native	Hispanic	HS Graduate	Median Home Value	Per Capita Income	Persons Below Poverty
Yakima	243,231	30.2%	88.4%	5.7%	46.3%	71.1%	\$157,300	\$19,610	22.3%
Whatcom	201,140	20.3%	87.9%	3.1%	8.4%	91.1%	\$281,400	\$26,504	15.8%

One man, Victor Martinez, came to a Ground Water Management Area (GWMA) meeting because a dairy neighbor allowed manure to flow onto his property. The Yakima Health District chose to condemn Mr. Martinez' property and took no action against the dairy (LYV GWMA, 2013 a). The Roza-Sunnyside Irrigation District gave permission to a dairy to dig a ditch onto Harold Brook's land without even asking him. It took a strong effort to convince that agency that they did not have this authority and force the dairy to repair the land (LYV GWMA, 2013 b). Although WAC 246-272A-0210 says that domestic septic systems should not be located within 100 feet of domestic wells, dairies in the lower Yakima Valley have placed large waste water lagoons and huge compost piles closer than 100 feet to neighboring homes and wells (Finn, 2013; Washington State Dairy Federation, 2013).

WA State Dept. of Health and the Local Health District

The Yakima Health District (YHD) has the fewest employees and the lowest revenue per person of any health district or health department in the state. In 2008 YHD had an approved budget of \$5.9 million and a 2009 draft budget of \$6.2 million (Yakima Health District, 2008). In 2013 YHD had a budget of \$3.6

million and a 2014 proposed budget of \$3.5 million (Yakima Health District, 2013). Whatcom County has three times as many public health workers per person and 4.6 times the revenue per person. This makes a difference. There are those who suggest that more local resources should be dedicated to public health. This may be true but the State of Washington spends 4.7 more dollars per person in Whatcom County compared with Yakima. As noted in the County Health Rankings, the needs in Yakima County far exceed those in Whatcom County. YHD employees are asked to do three times as much work with less support.

Delivery of Public Health Services to Yakima County & Whatcom County

County	FTE /Person	Expenditure /Person	Revenue /Person	State \$/Person	Federal \$/Person	Local \$/Person
Yakima	0.000125	\$ 15.49	\$ 16.69	\$ 6.09	\$ 4.56	\$ 6.03
Whatcom	0.000365	\$ 79.61	\$ 79.61	\$ 28.77	\$ 10.18	\$ 40.65

WA State Dept. of Ecology

As noted above, Yakima County has approximately twice as many dairy cows as Whatcom County. The effectiveness of dairy waste management determines how many pollutants reach the ground and surface water and the ambient air. The Department of Ecology has the task of monitoring pollution and protecting the environment. Monitoring, research and enforcement of dairy CAFOs are shared with the Department of Agriculture.

Weather, soil and water conditions are not the same in western Washington and eastern Washington. Research in one area does not apply to practice in another. For example, surface runoff of newly applied manure is a major problem in Whatcom County where annual precipitation is 36 inches. In western Washington the risks due to runoff are so great that the WSDA Nutrient Management Program (n.d.) has instituted a Manure Spreading Advisory (MSA) based on a 72 hour weather forecast. This is not done, nor is it needed, in Yakima County where annual precipitation is 7 inches. However, this does not justify neglecting the arid parts of the state where different conditions exist; where 70% of the state's large dairies are located.

When the WA State Department of Ecology first addressed potential groundwater contamination in the 1980's there was considerable research in the eastern side of the state. When we only look at research and reports from Yakima and Whatcom Counties, 39% of the work was done in Yakima County and 61% in Whatcom County during the years 1985 to 1999. Between 2000 and 2014 the disparity increased to 23% in Yakima County and 77% in Whatcom County. Looking at the most recent five years, 2009 to 2014, only 15% of research was done in Yakima County and 85% in Whatcom. In fact, much of

the research that the Department of Ecology lists was done by other agencies and groups. For example the Valley Institute for Research and Education study from 2002 resulted from the settlement of a lawsuit over major pollution of the Granger drain that feeds the lower Yakima River (Sells & Knutson, 2002). The 2010 and 2012 Environmental Protection agency studies were done at the request of concerned citizens and were funded by the federal government (EPA, 2013). Whatcom County is studied much more than Yakima County in spite of the fact that Yakima has twice as many dairy cows.

Groundwater Studies and Reports in Yakima & Whatcom County

County	Total Groundwater Studies/Reports	Lagoon Studies	Manure Application Studies	Total Study/Report 1985 - 1999	Total Study/Report 2000 - 2014	Total Studies/Reports 2009 to 2014
Yakima	18 (31%)	1 (25%)	0 (0%)	11 (39%)	7 (23%)	2 (15%)
Whatcom	40 (69%)	3 (75%)	5 (100%)	17 (61%)	23 (77%)	11 (85%)

WA State Dept. of Agriculture

Washington lawmakers are well aware of the potential to pollute within the dairy industry. For this reason there is separate and extensive legislation to address the problem, RCW 90.64. This legislation created the WSDA Nutrient Management Program, a \$1.2 million per year branch of WSDA, designed to monitor dairies and encourage best management practices (BMPs). Although 70% of large dairies are now located on the eastern side of the state; although Yakima County has twice as many dairy cows as Whatcom County, there are two dairy inspectors for the northwest part of the state, one for the Puget Sound area and one for the entire eastern part of the state. Every 22 months inspectors spend about three days conducting announced inspections in eastern Washington.

One of the major causes of groundwater pollution related to dairy CAFOs is over application of manure fertilizer. This leads to leaching of nitrates into the groundwater. In Yakima County 11.9% of the land that dairies own and use for manure application is over applied. This compares to 1.6% for the remainder of the state. 63.8% of all dairy owned land that is at risk is located in Yakima County. 38% of the state's milk cows are confined in Yakima County. Nevertheless, only 15.7% of routine inspections are done here and only 8.9% of other inspections are done here. No orders have been issued here since 2004 and only 11% of all penalties are issued here. As noted above surface runoff is a problem in the west side of the state. This attracts public attention. WSDA and Ecology address spills into streams in the Puget Sound area but ignore contamination that reaches the groundwater and ultimately the Yakima River in our valley.

Inspection of Dairies in Yakima County and Washington State (Adapted from PP Presentation by Virginia (Ginny) Prest, WSDA, January 2014)

	# Cows (2008)	Routine Inspections (2004 – 2013)	Other Inspections (2004 – 2013)	Investigations (2004 – 2013)	Warning Letters (2004 – 2013)	Notice of Correction (2004 – 2013)	Orders (2004 – 2013)	Penalties (2004 – 2013)	Acres with over applied manure
Statewide	269,246	2,519	1,698	269	422	91	11	18	5,378
Yakima County	103,089	395	151	54	72	14	0	2	3,420
% Yakima County	38.3%	15.7%	8.9%	20%	17%	15.4%	0%	11%	63.6%

Note: Current estimates put the number of dairy cows in Yakima County at 120,000 to 130,000. According to WSDA the number of milk cows has increased by 2,500 per year since 2006 and the total number of cows has increased by 4,000 per year. According to the Natural Resources Conservation Service Yakima County had a nitrogen imbalance in the year 2000 when there were only 60,000 milk cows here.

Thank you so very much for taking the time to write to us and for reading our analysis of disparities that affect the Yakima Valley. May we schedule a meeting with you and your staff to discuss these disparities in more detail?

Sincerely,



Larry Kendall

1513 Roza Drive
Zillah, WA 98953



Jean Mendoza

3142 Signal Peak Road
White Swan, WA 98952

cc.

J.T. Austin, Governor's Policy Advisor on Natural Resources

Christy Hoff, Liaison to the Governor's Interagency Council on Health Disparities

Andrea Rodgers-Harris, Of Council, Western Environmental Law

Rand Elliott, Yakima County Commissioner & GWMA Chair

Charlie McKinney, WA State Dept. of Ecology, GWMA representative

Andres Cervantes, WA State Dept. of Health, GWMA representative

Kirk Cook, WA State Dept. of Agriculture, GWMA representative

Elizabeth Sanchey, Yakama Nation, GWMA representative

Gordon Kelly, Yakima Health District, GWMA representative

Tom Eaton, Environmental Protection Agency, GWMA representative

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Yakima Health District (2013) *Minutes from the October 30, 2013 meeting of the Yakima Board of Health*.

Attachments:

1. DOH Braden Road Picture
2. PP - Campylobacter Infection
3. DOH PH Expenditures by County III
4. Groundwater Research by the Washington State Department of Ecology III

Manure Piles Next to a Home on Braden Road in the Yakima Valley: 2013



Bacterial Infection

Campylobacter in Yakima County

What About Outlook?

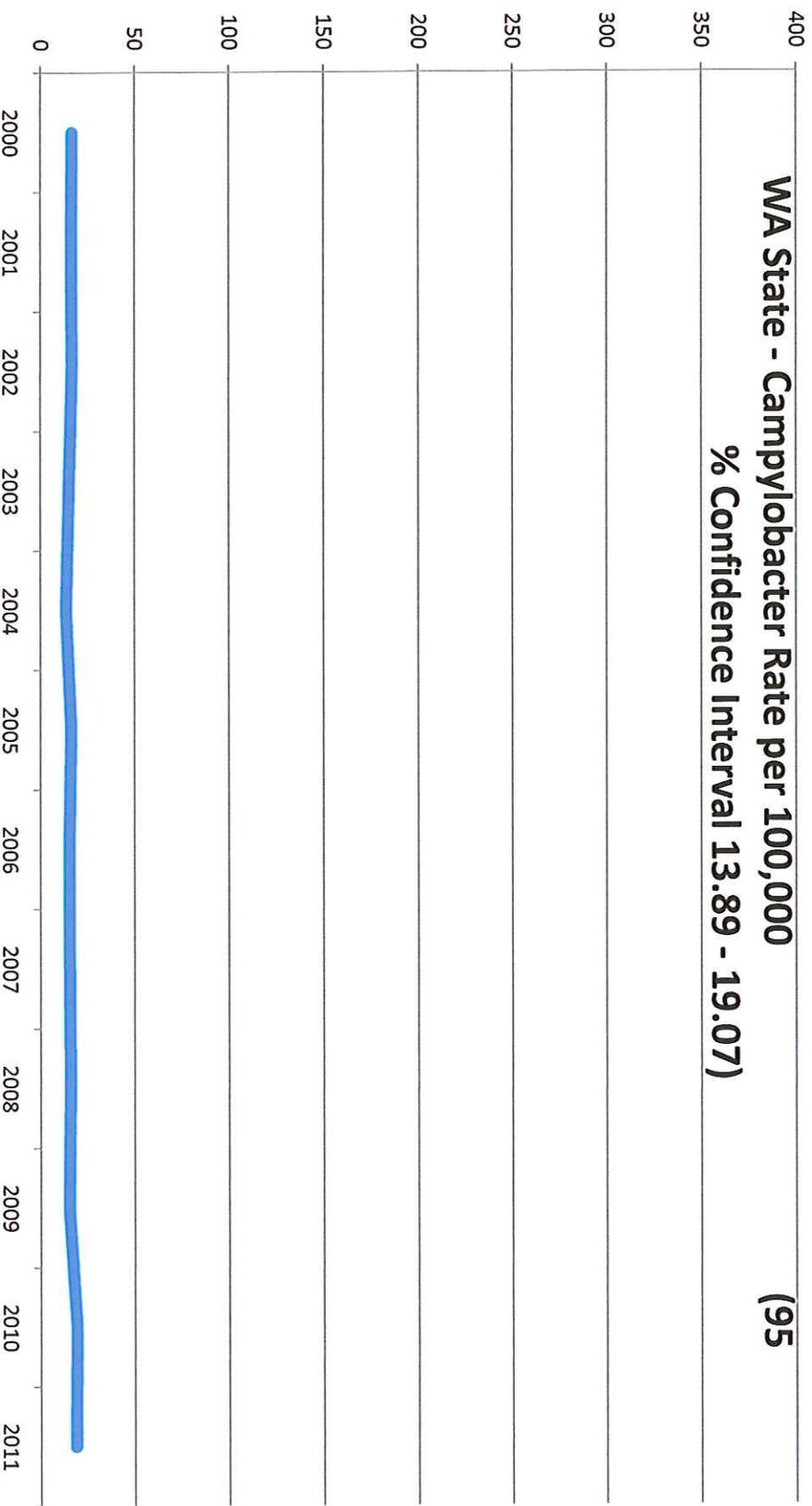
What is Campylobacter?

- A reportable infection
- The most common cause of diarrheal disease
- A recent phenomenon – the CDC became concerned in the 1980's
- As few as 500 micro-organisms can cause illness

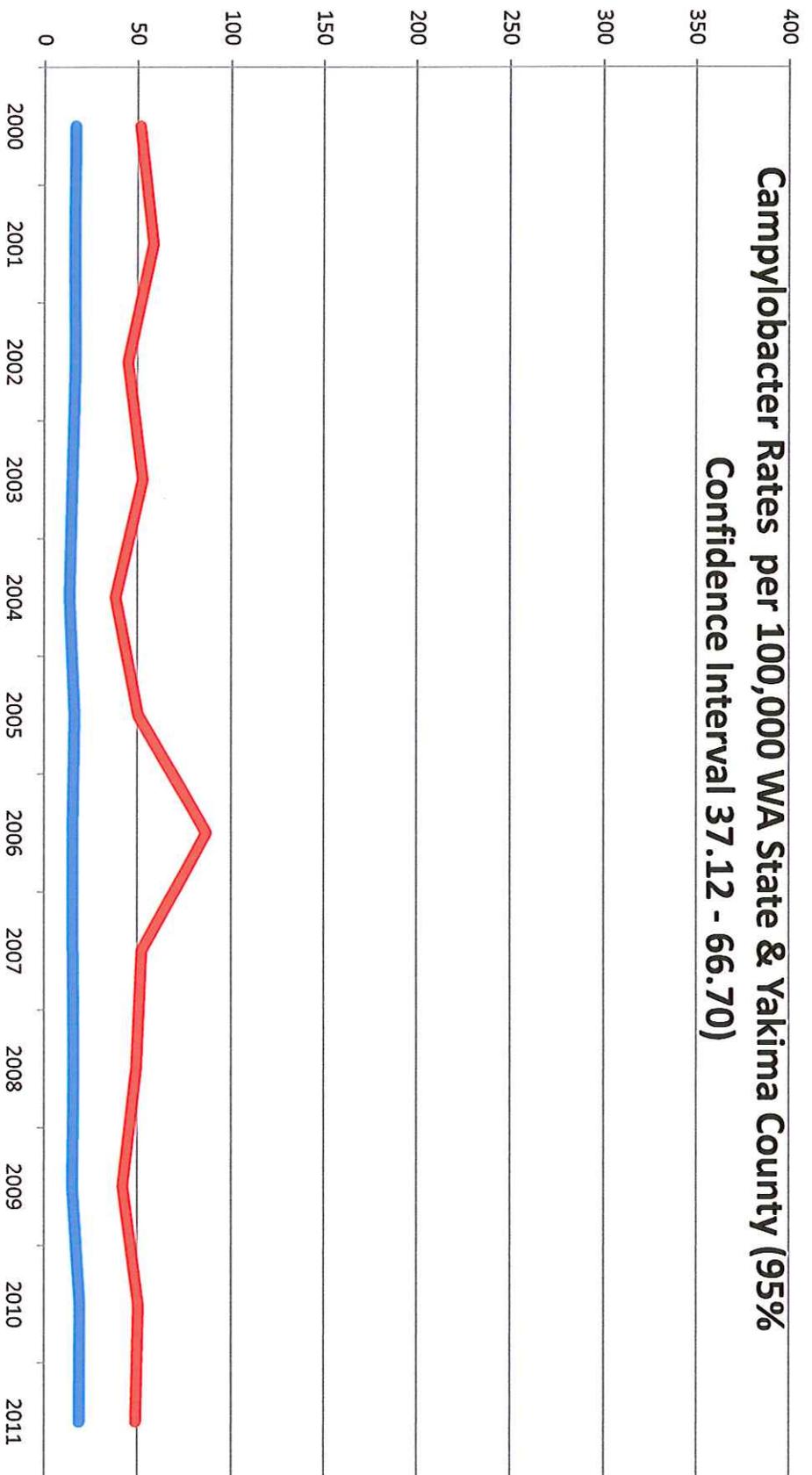
What Causes Campylobacter Infection ?

- Eating or touching raw poultry
- Drinking unpasteurized dairy products
- Contaminated water
- Airborne transmission

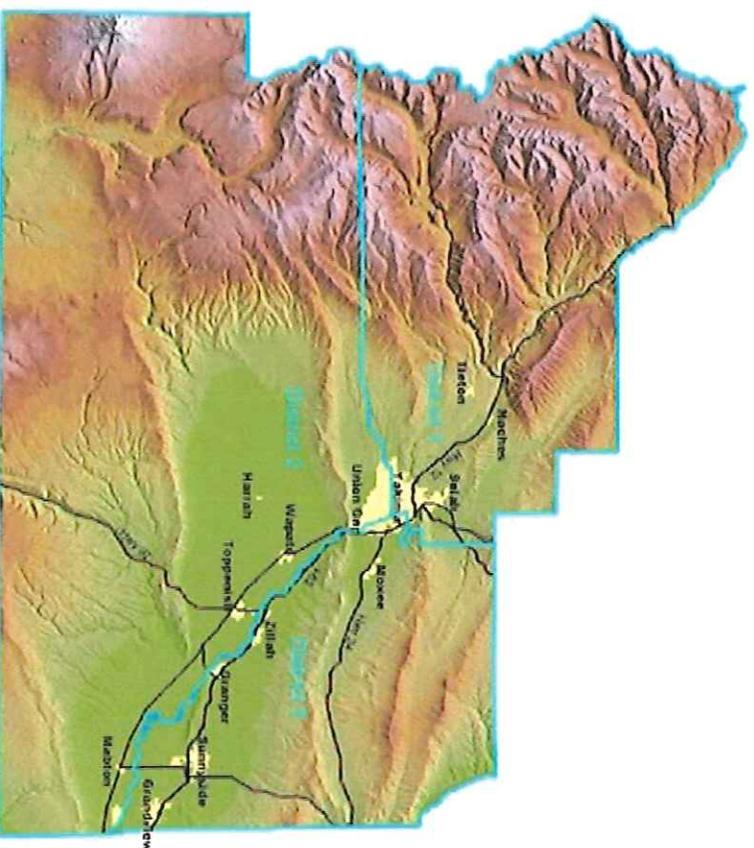
Campylobacter in Washington State



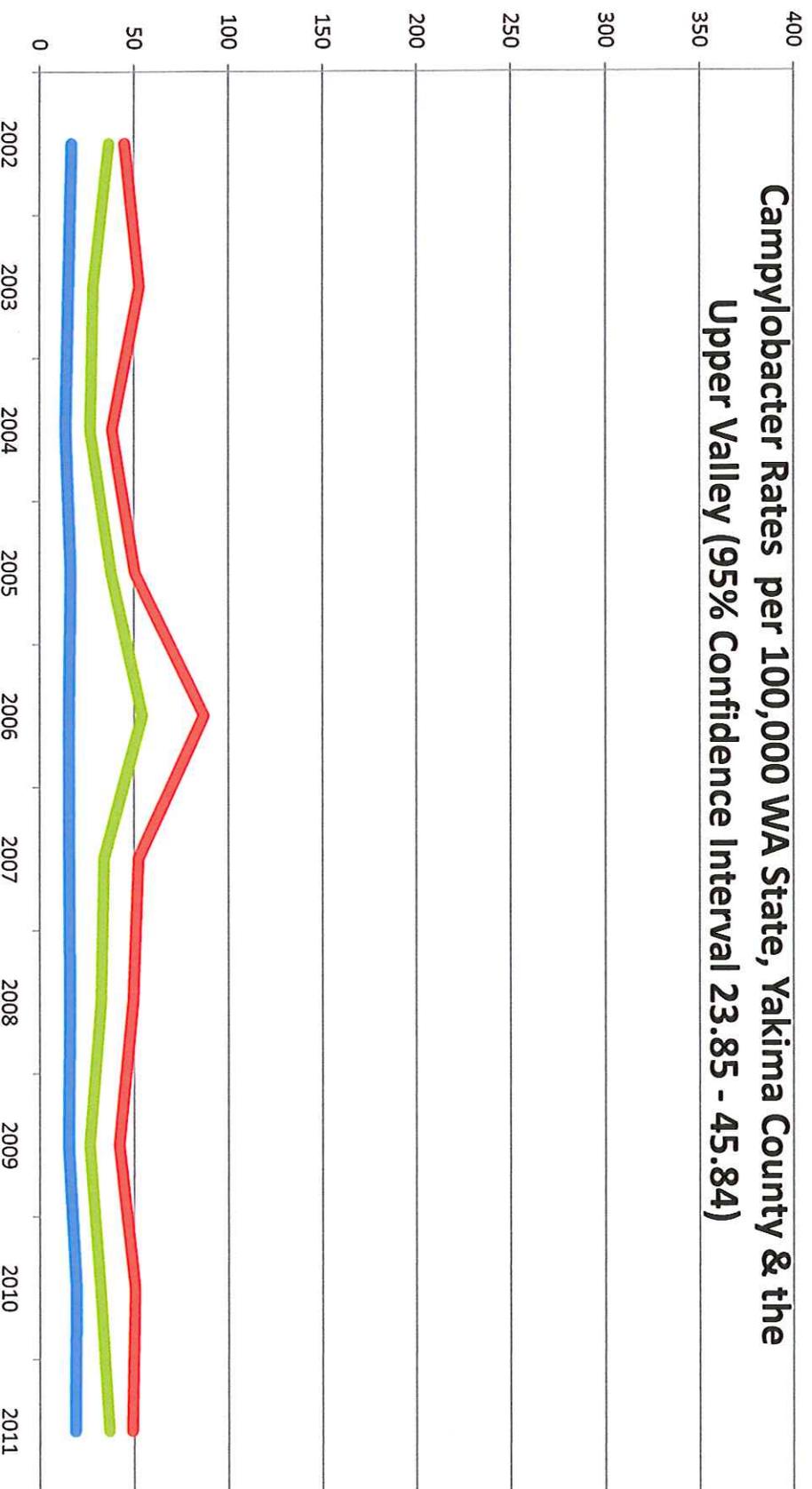
Campylobacter in Yakima County



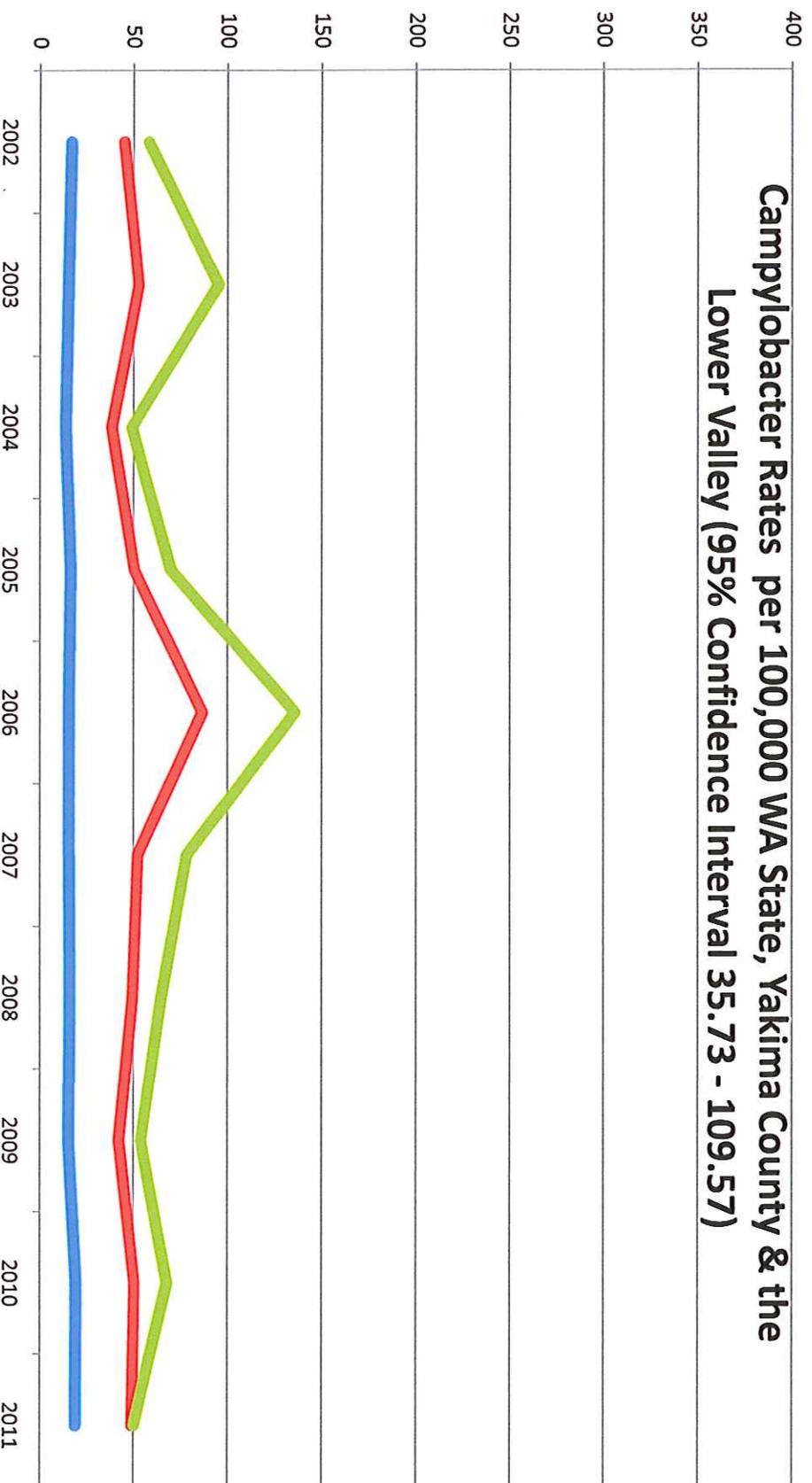
Is There a Difference in Incidence Between the Upper & Lower Yakima Valleys (North & South of Ahtanum Ridge & the Rattlesnake Hills)?



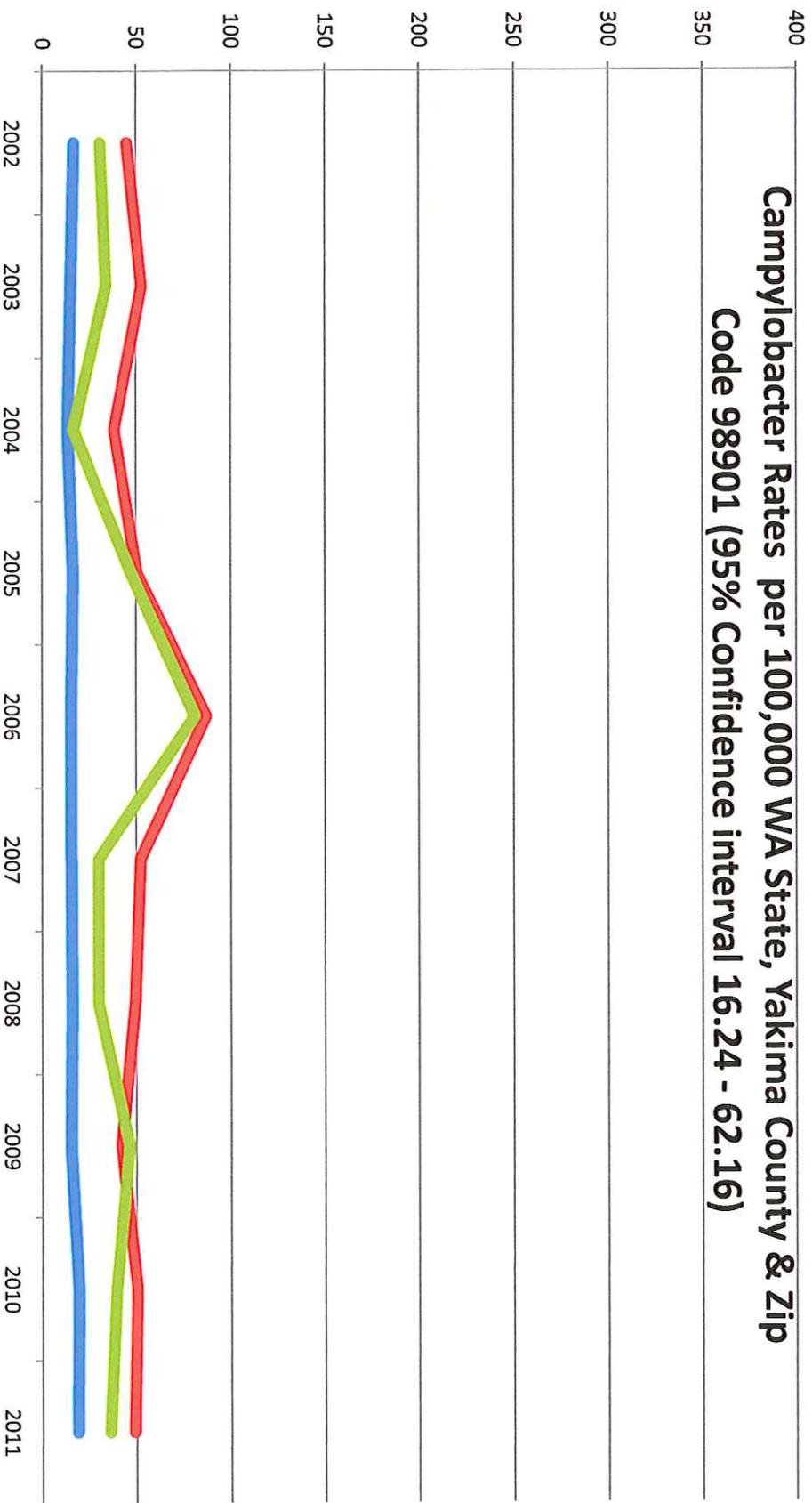
Campylobacter in the Upper Yakima Valley



Campylobacter in the Lower Yakima Valley

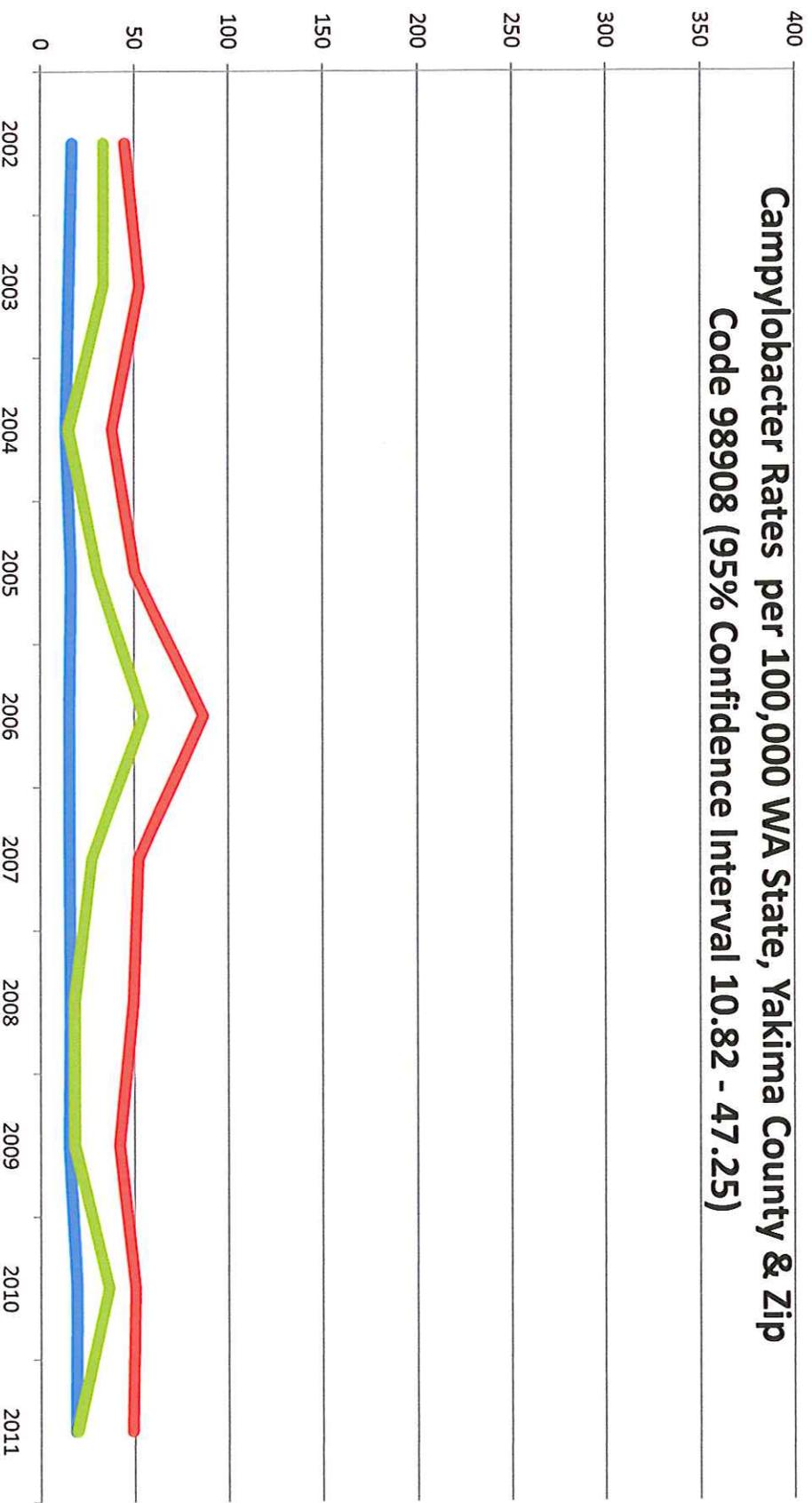


Campylobacter & Zip Code 98901(Yakima, Union Gap, East Selah)



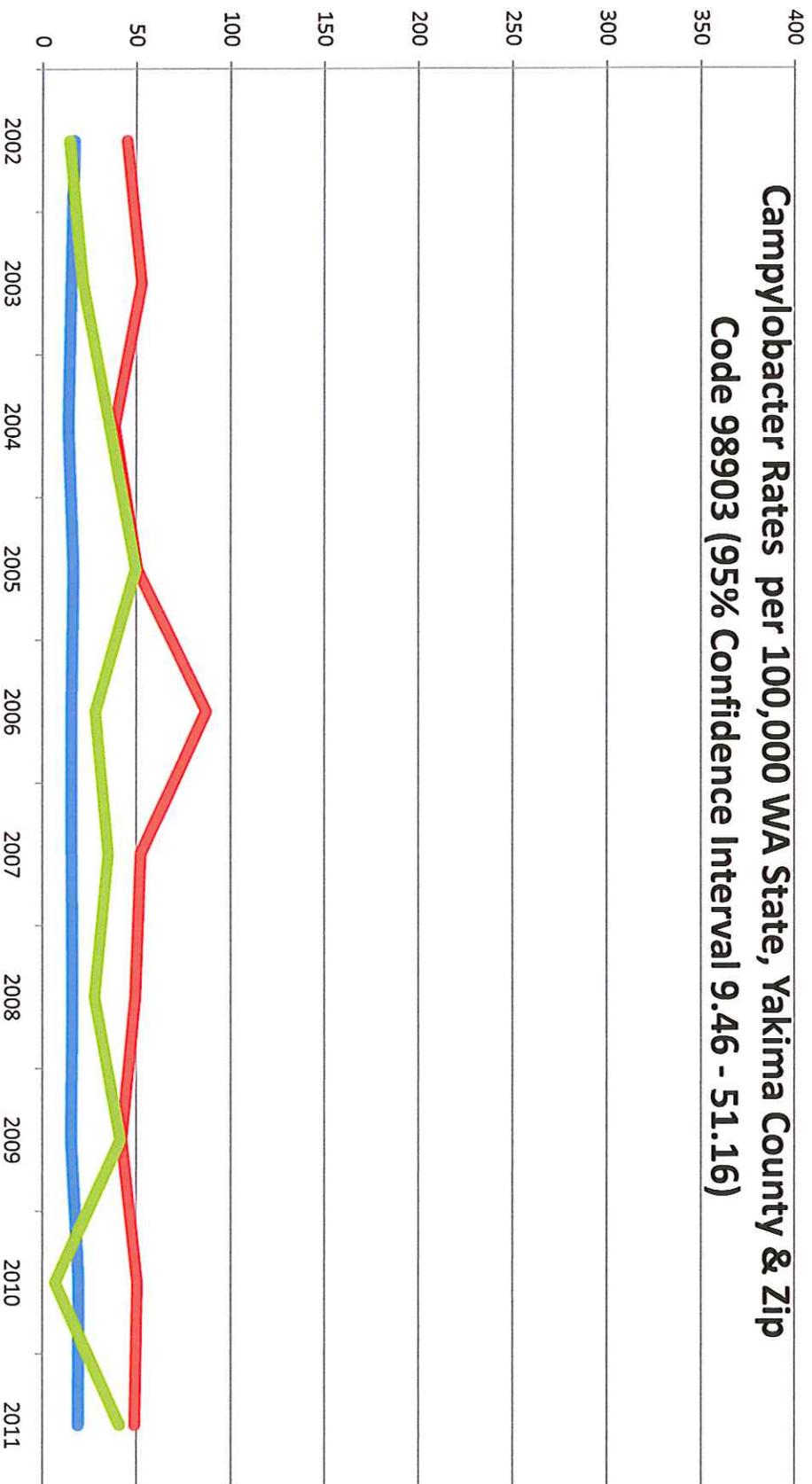
Campylobacter & Zip Code 98908 (Yakima & West Valley)

Campylobacter Rates per 100,000 WA State, Yakima County & Zip
Code 98908 (95% Confidence Interval 10.82 - 47.25)



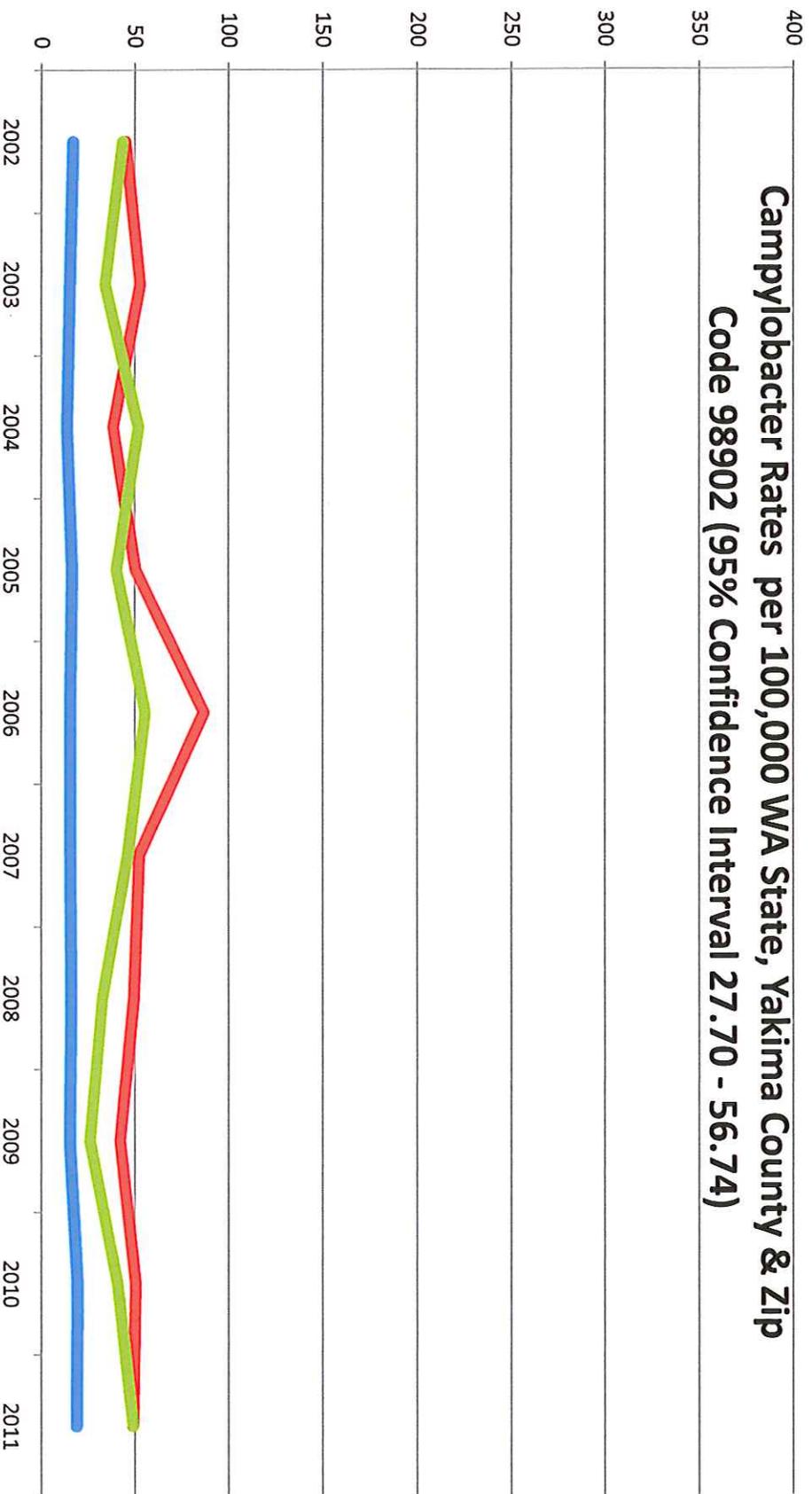
Campylobacter & Zip Code 98903 (Yakima & Union Gap)

Campylobacter Rates per 100,000 WA State, Yakima County & Zip
Code 98903 (95% Confidence Interval 9.46 - 51.16)

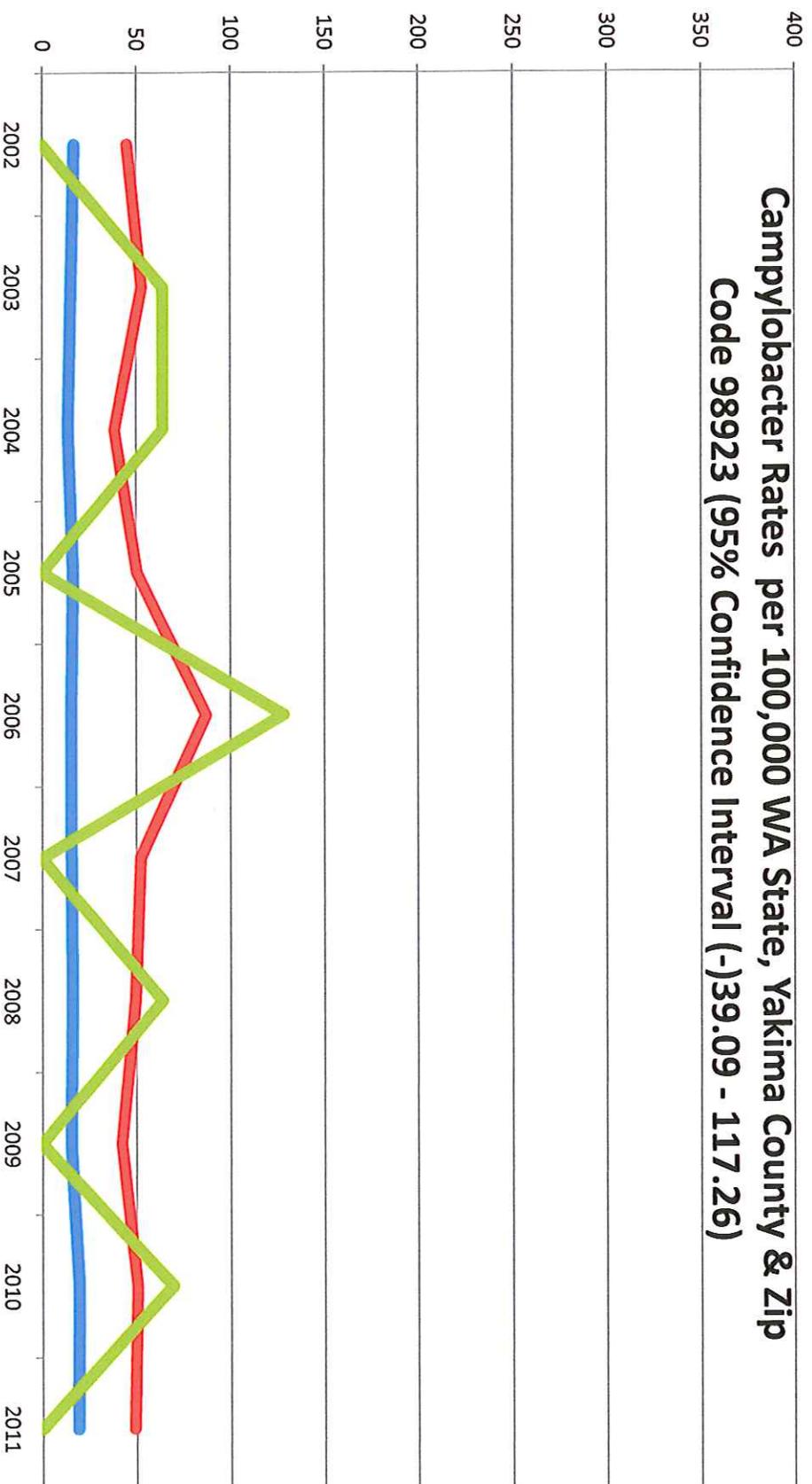


Campylobacter & Zip Code 98902 (Yakima & West Valley)

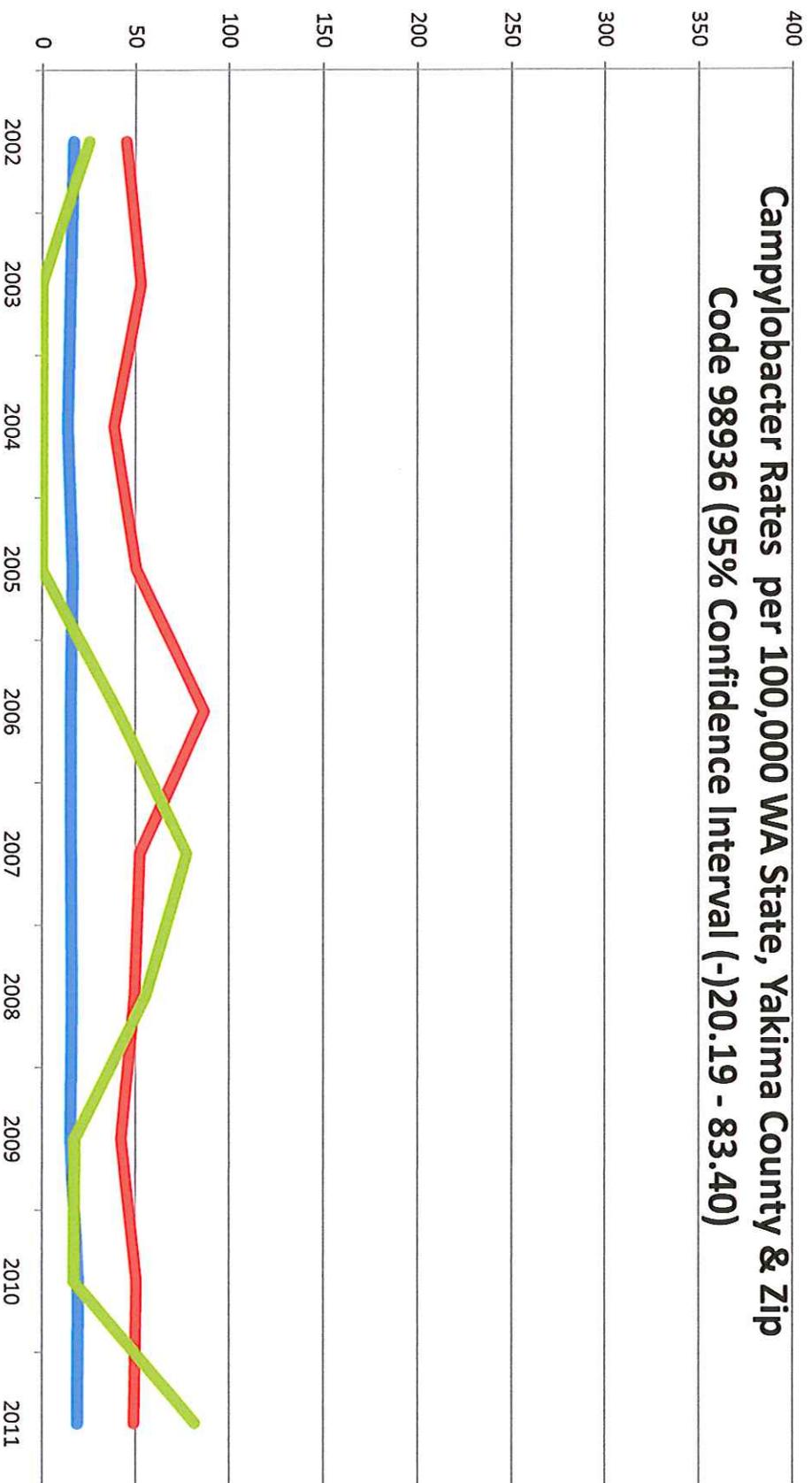
Campylobacter Rates per 100,000 WA State, Yakima County & Zip
Code 98902 (95% Confidence Interval 27.70 - 56.74)



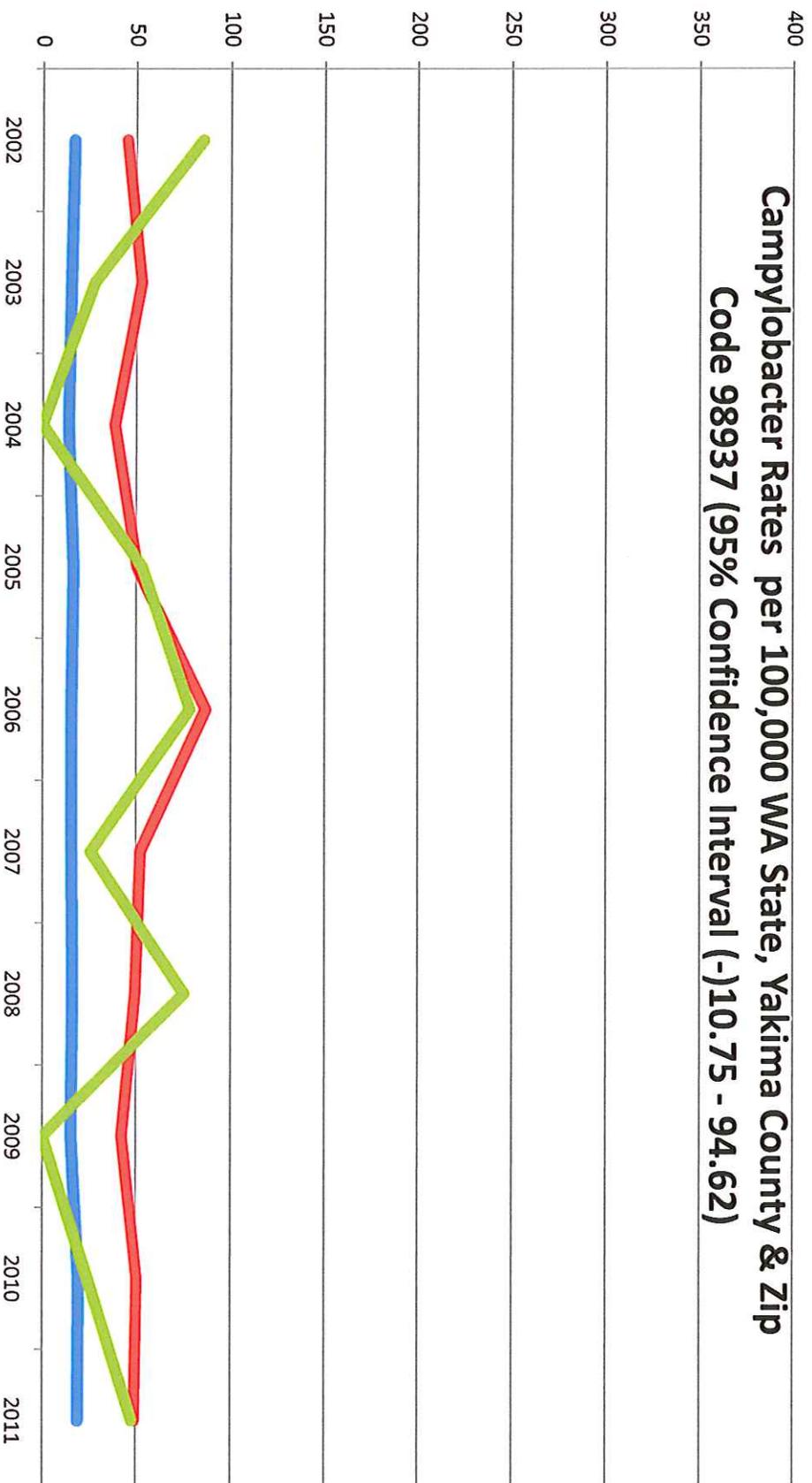
Campylobacter & Zip Code 98923 (Cowiche)



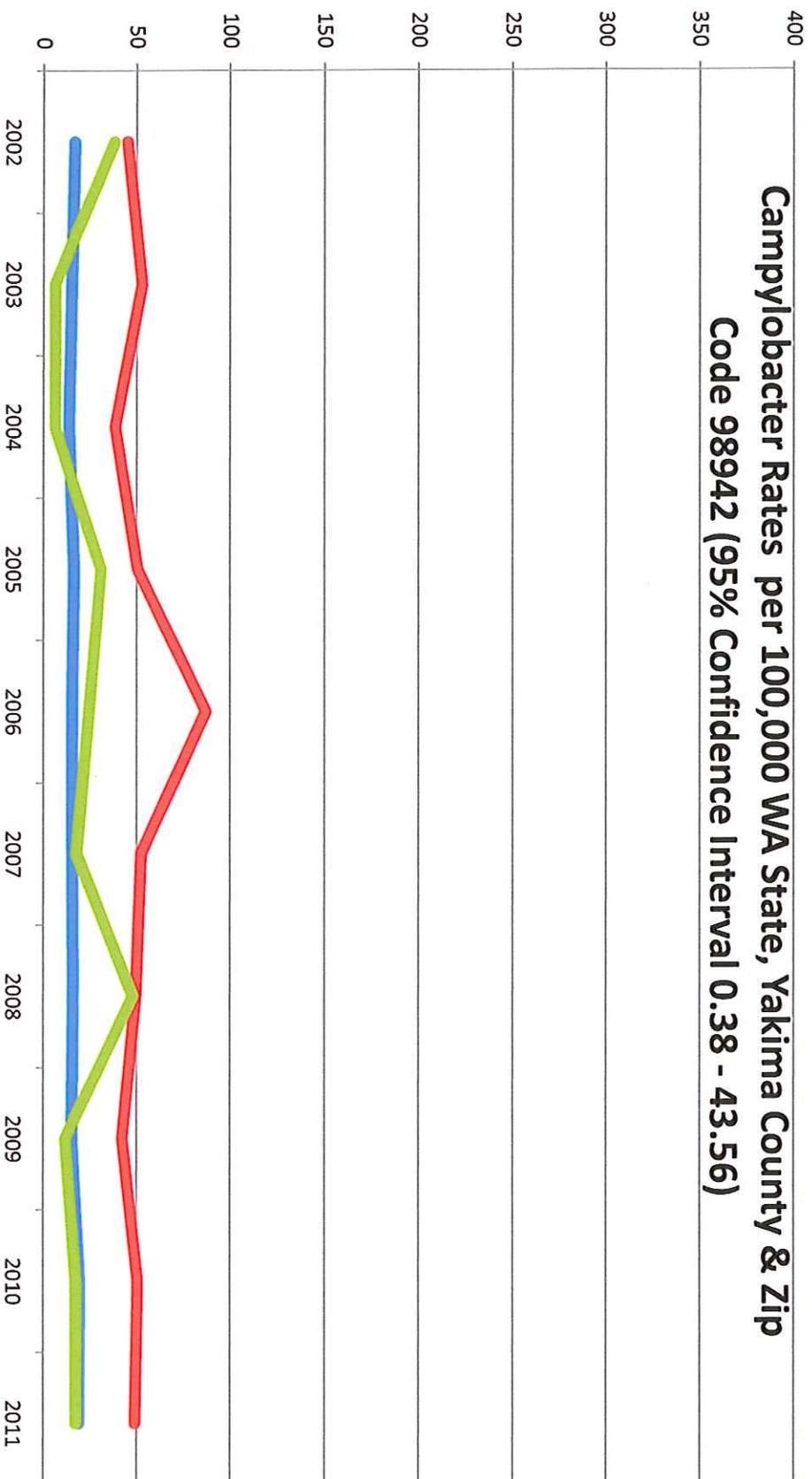
Campylobacter & Zip Code 98936 (Moxee)



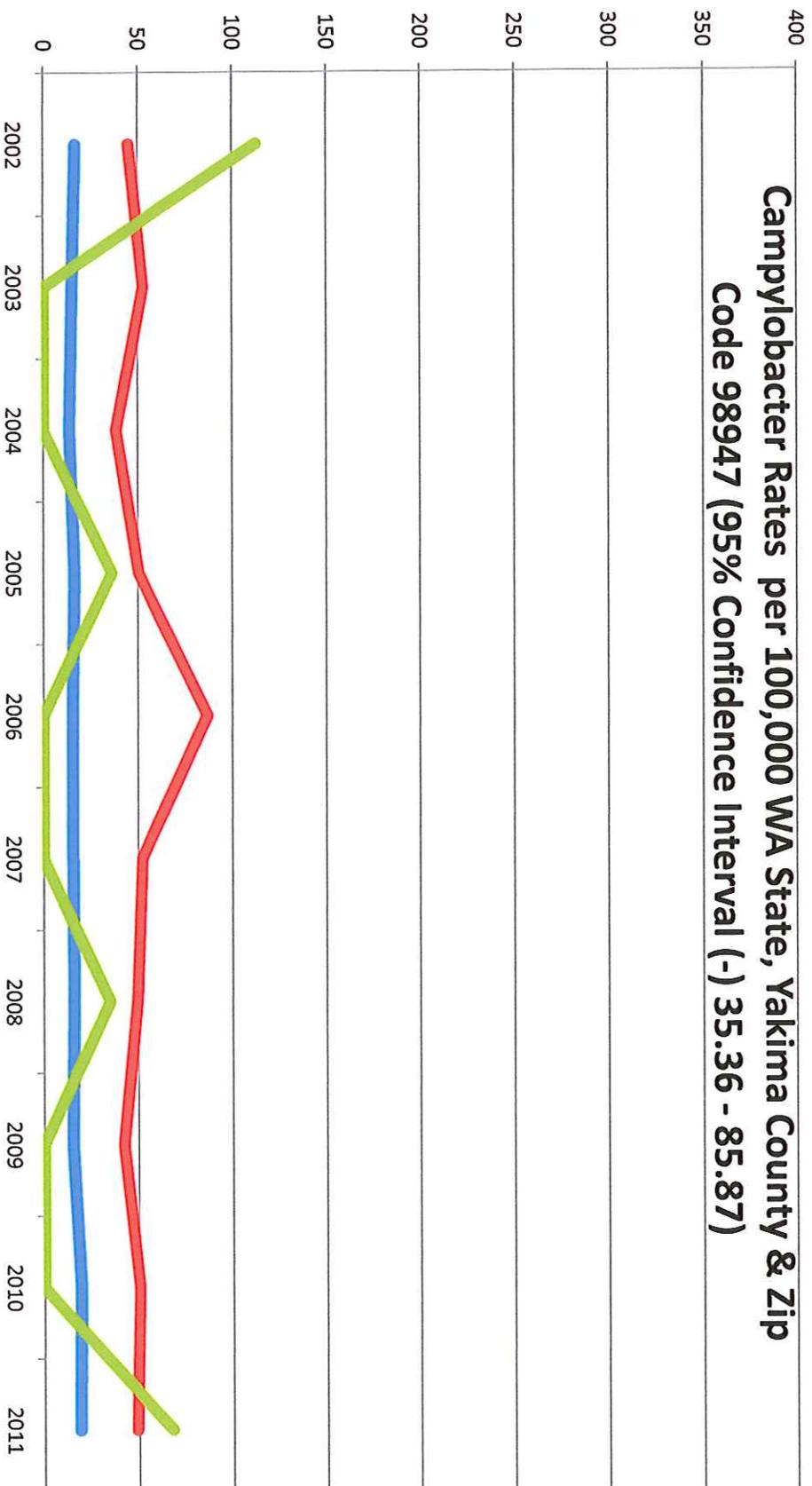
Campylobacter & Zip Code 98937 (Naches & Westward)



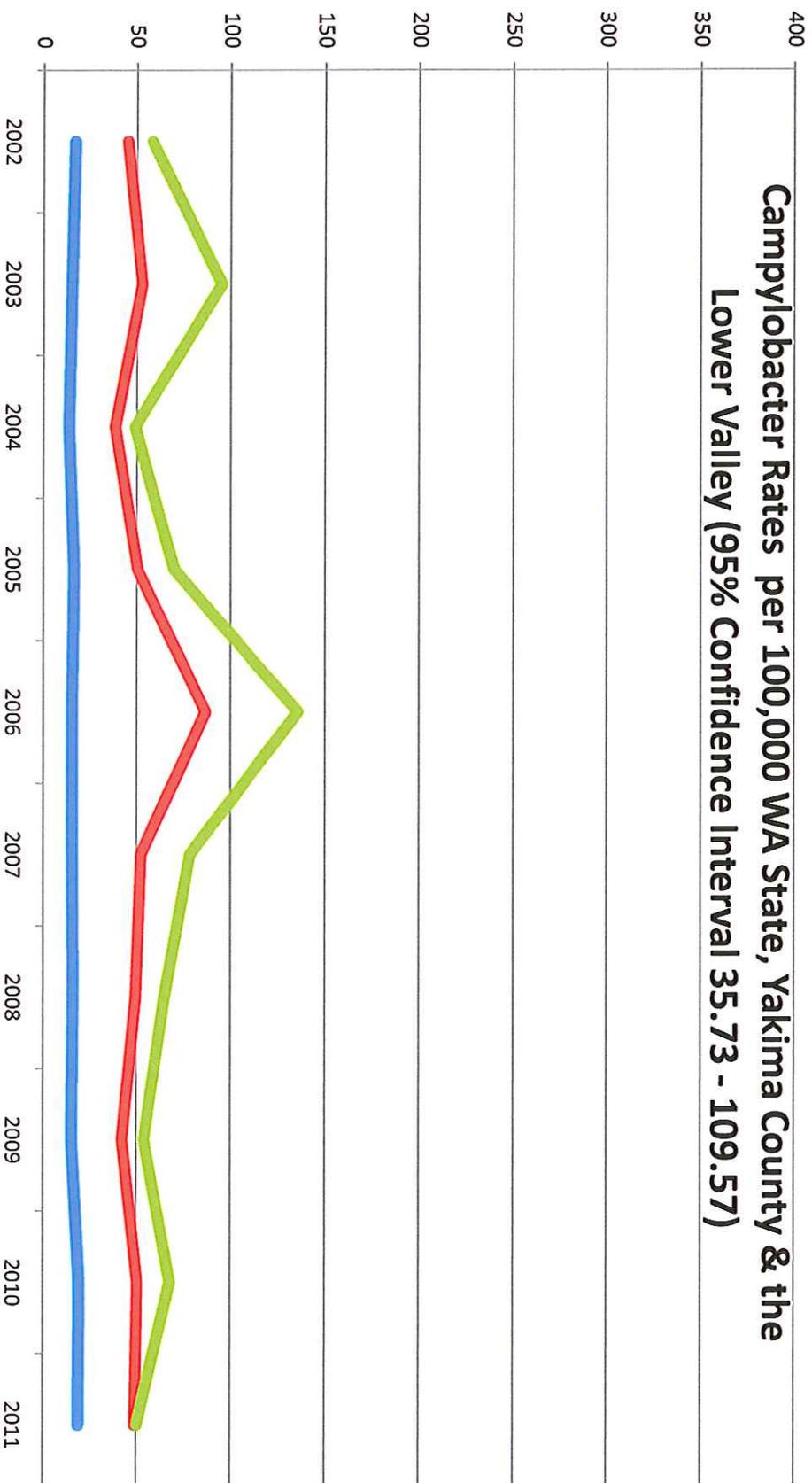
Campylobacter & Zip Code 98942 (Selah)



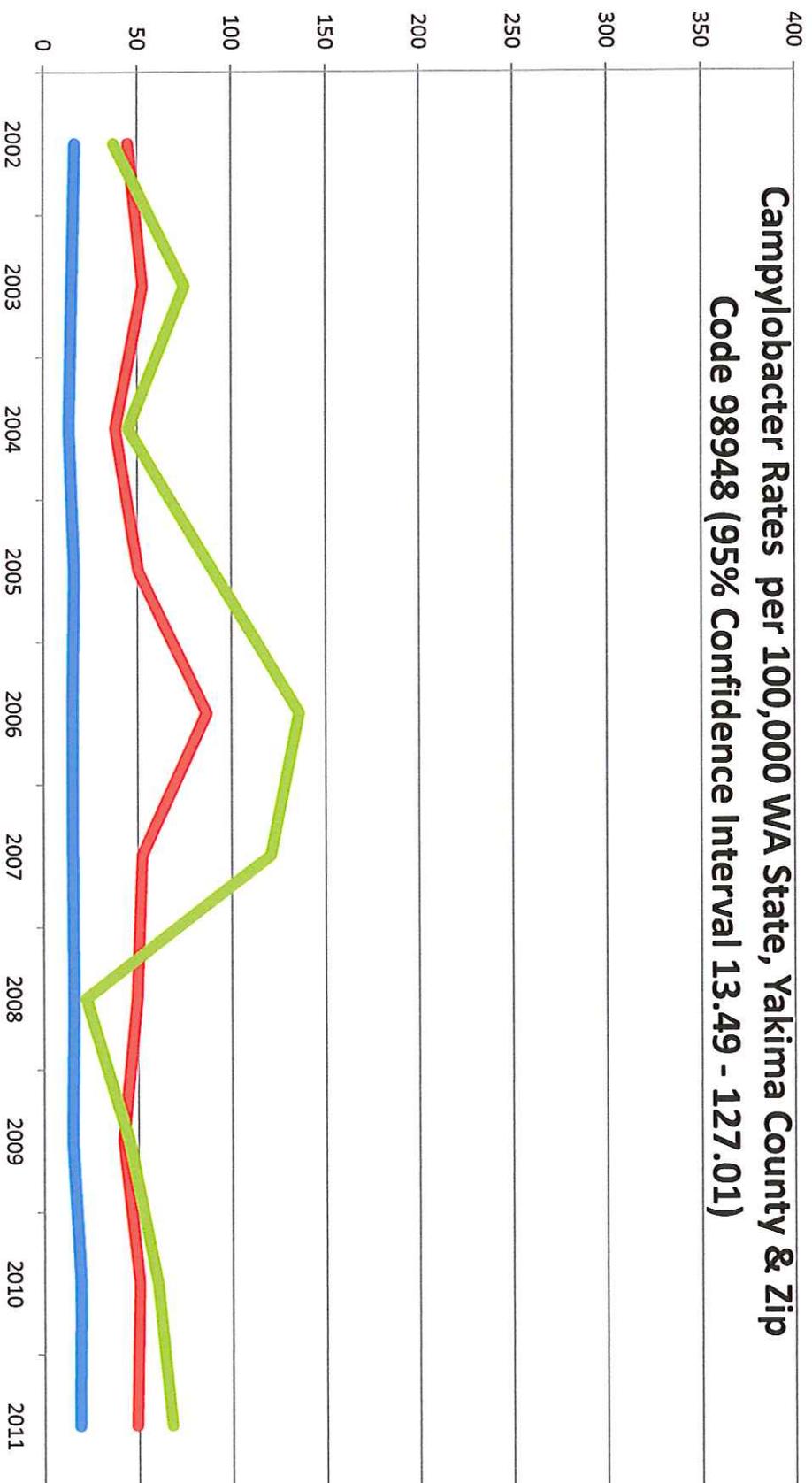
Campylobacter & Zip Code 98947 (Tieton)



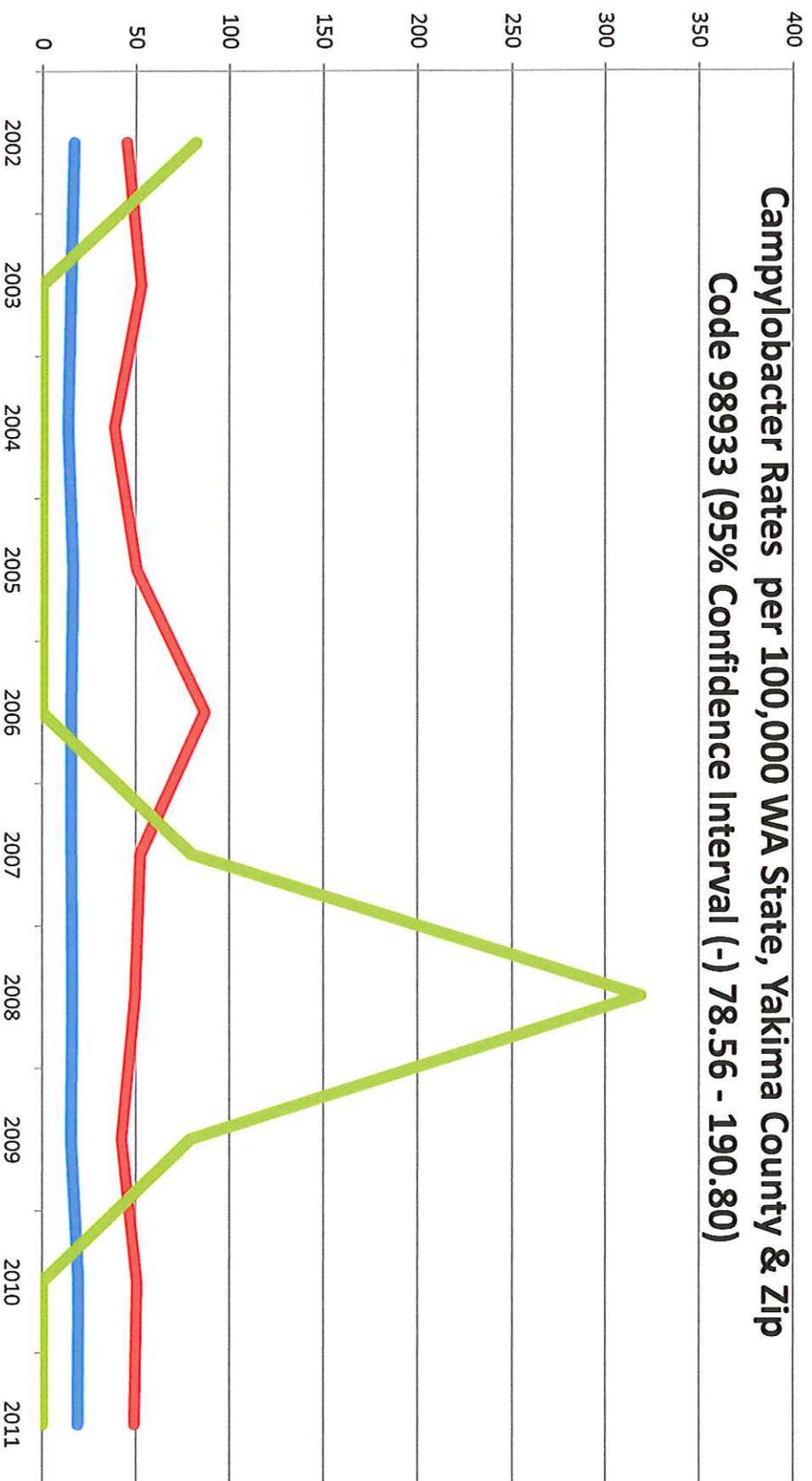
Campylobacter in the Lower Yakima Valley



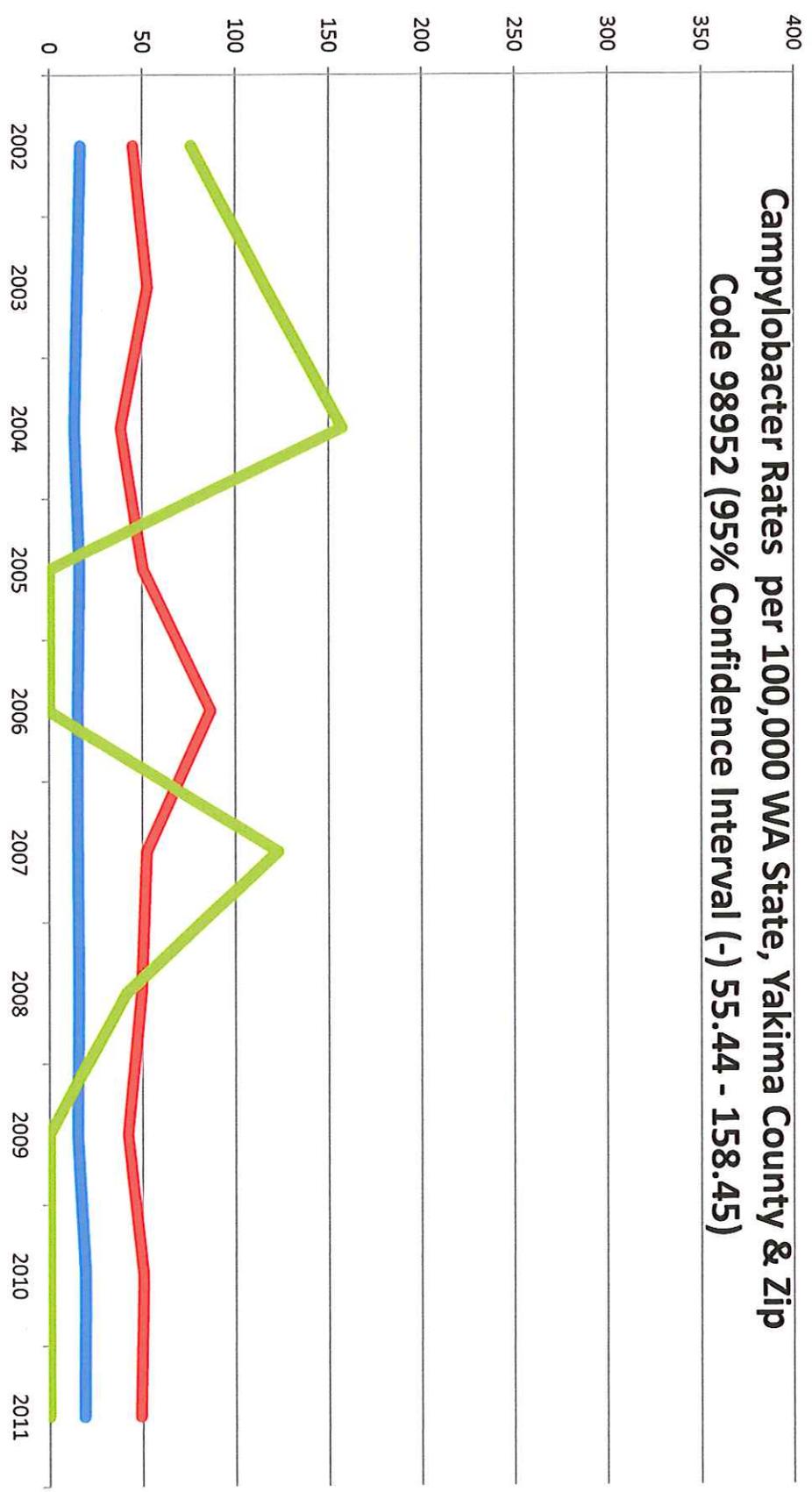
Campylobacter & Zip Code 98948 (Toppenish)



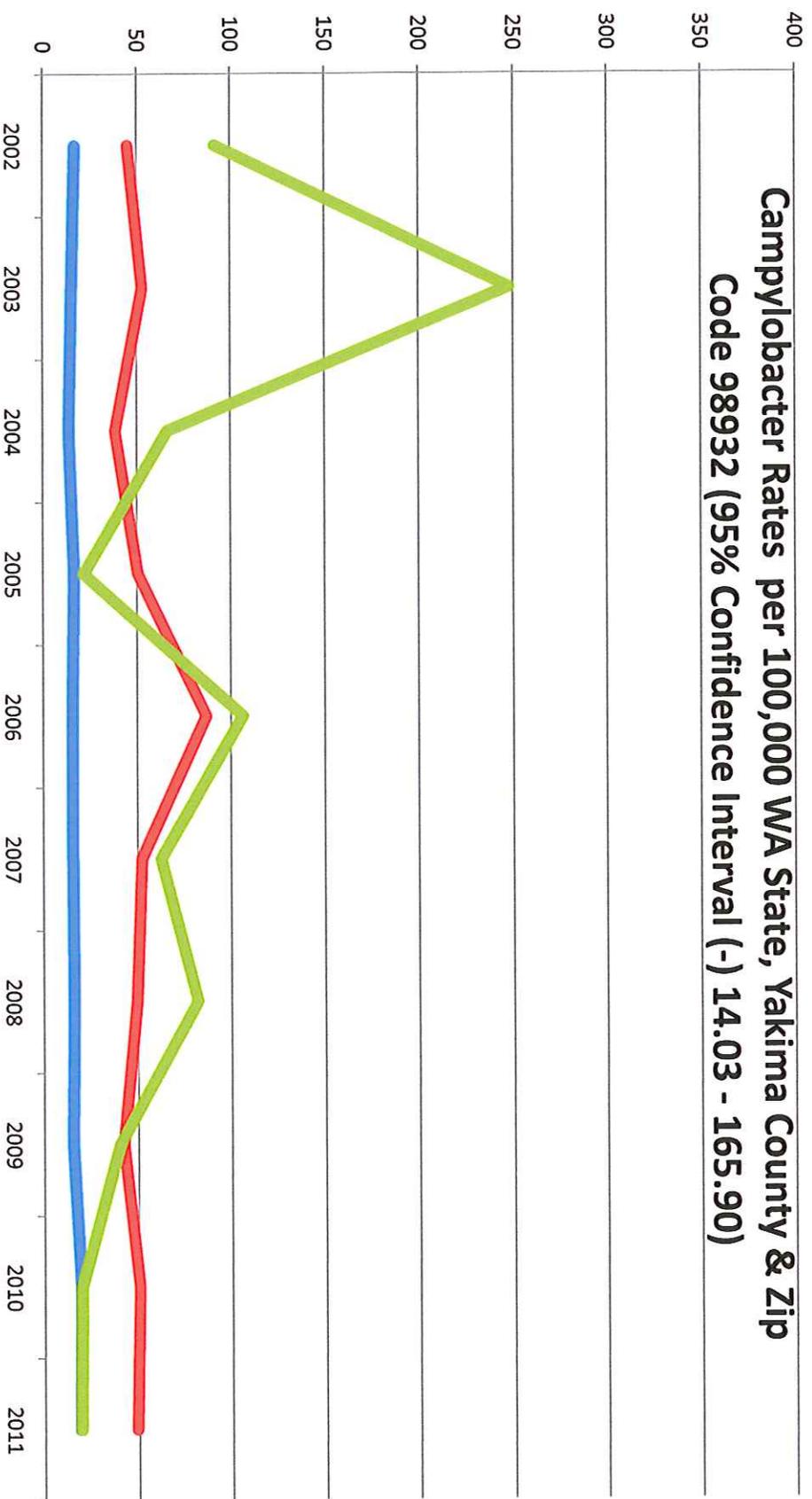
Campylobacter & Zip Code 98933 (Harrah)



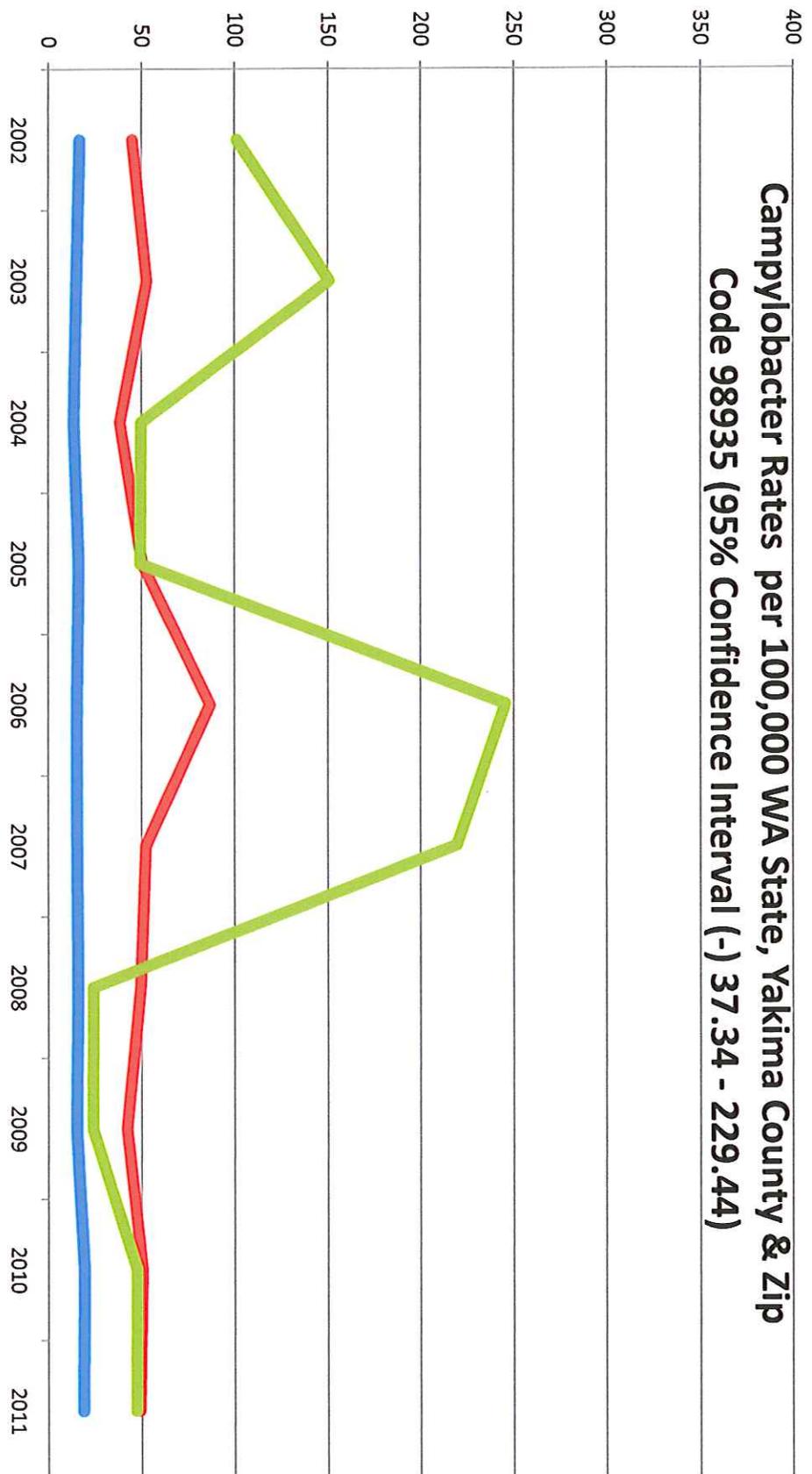
Campylobacter & Zip Code 98952 (White Swan)



Campylobacter & Zip Code 98932 (Granger)

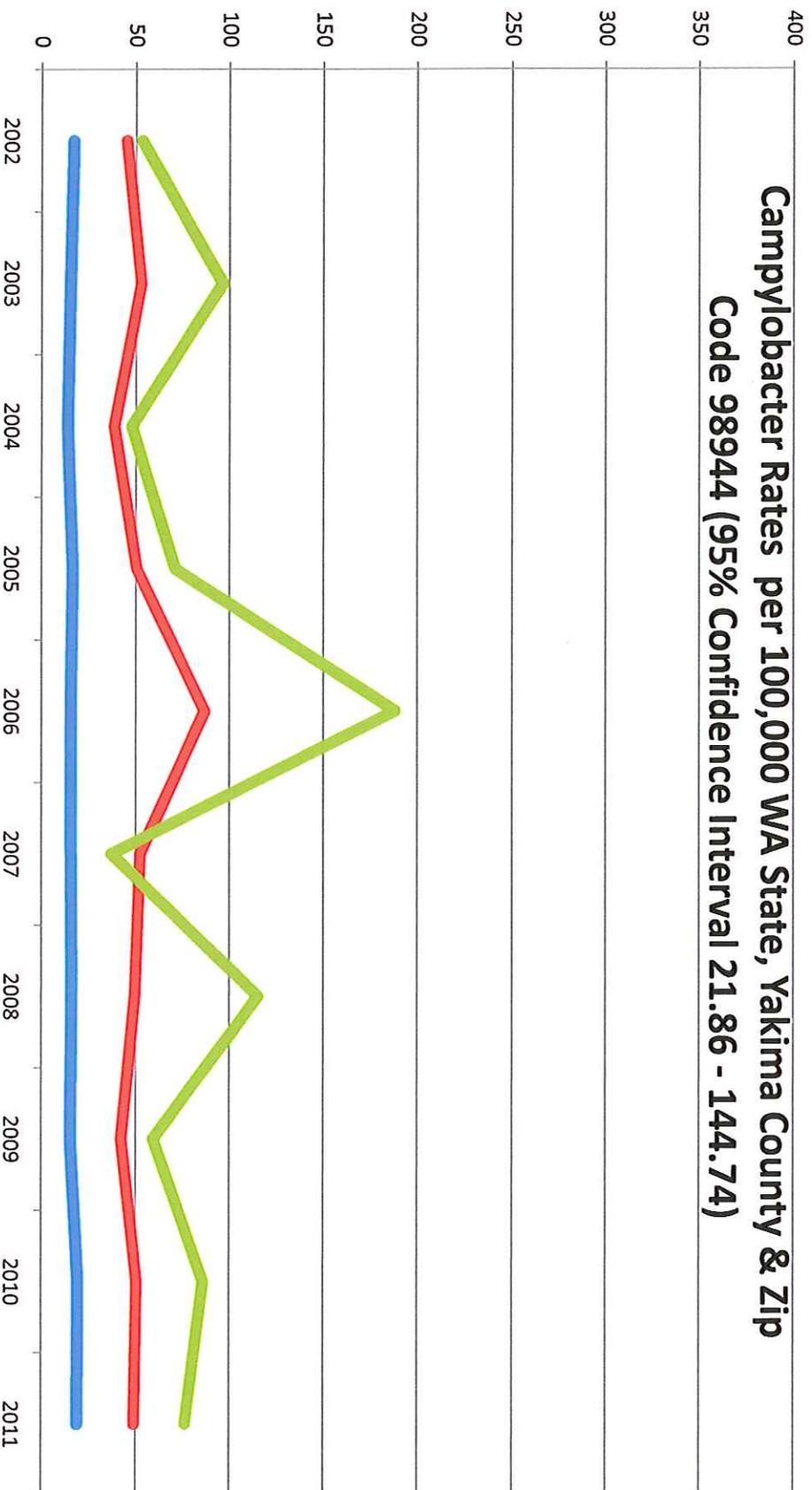


Campylobacter & Zip Code 98935 (Mabton)



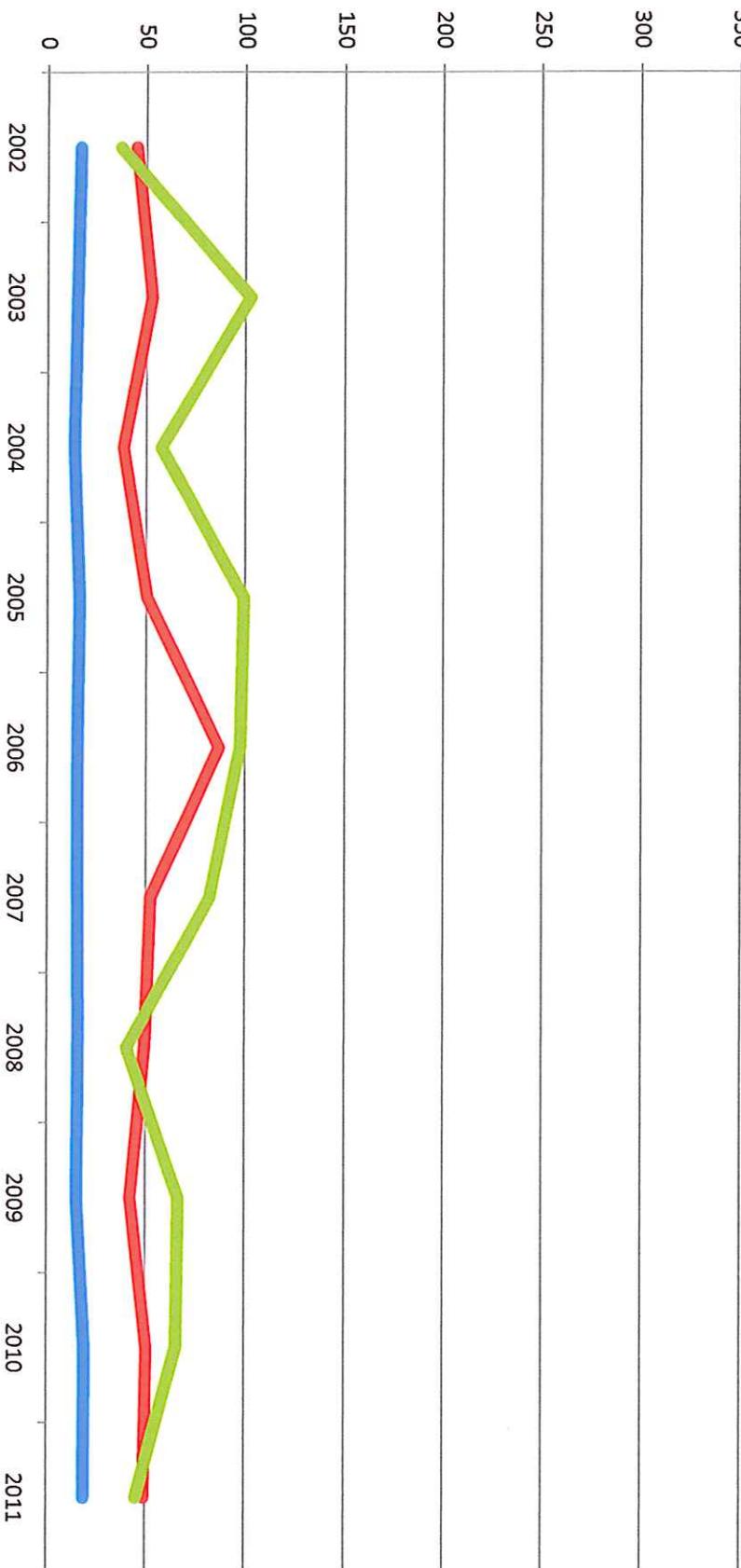
Campylobacter & Zip Code 98944 (Sunnyside)

Campylobacter Rates per 100,000 WA State, Yakima County & Zip
Code 98944 (95% Confidence Interval 21.86 - 144.74)

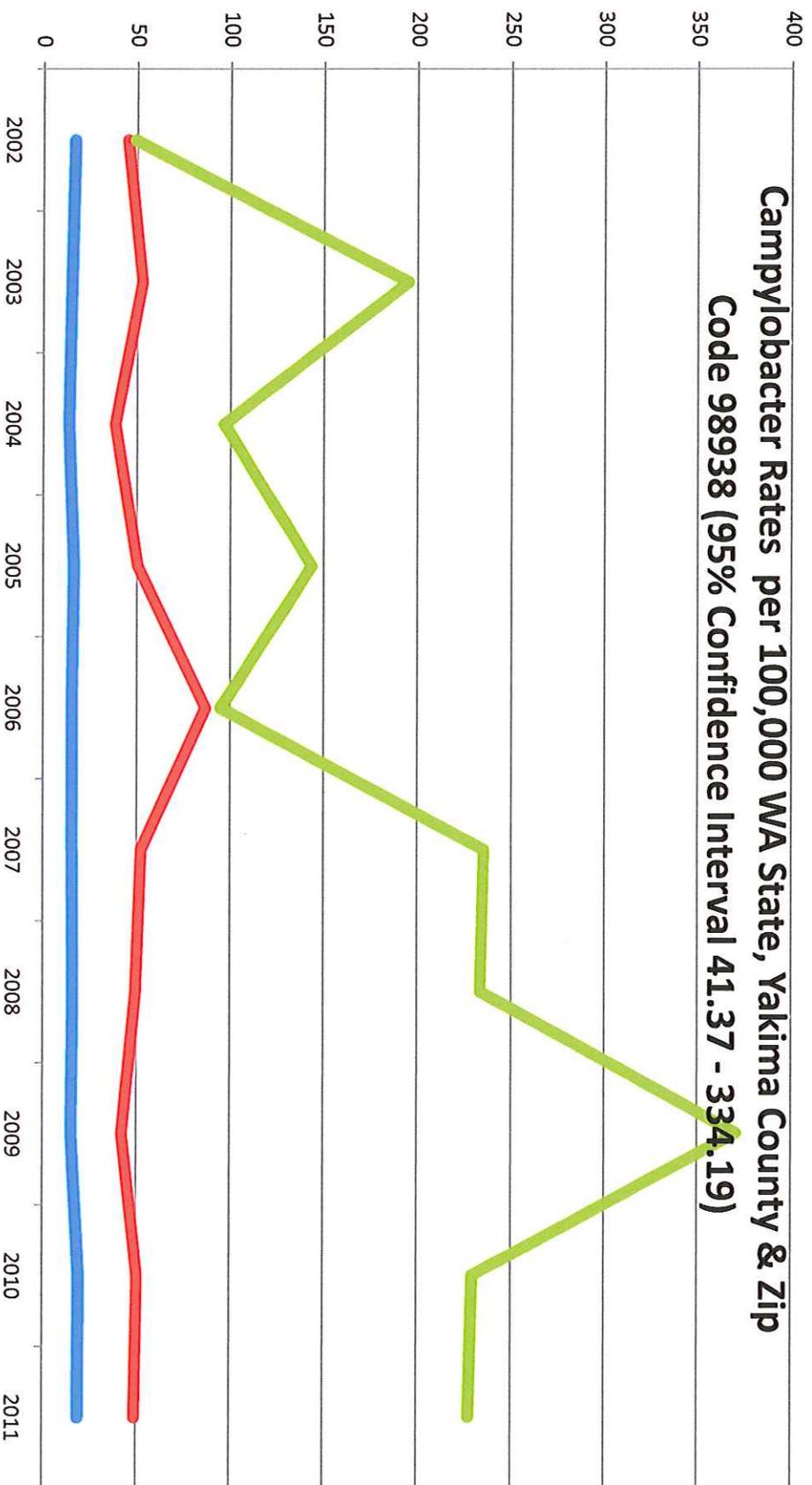


Campylobacter & Zip Code 98930 (Grandview)

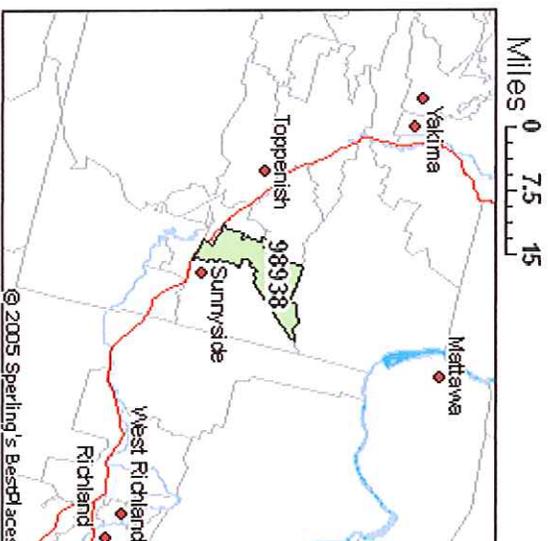
Campylobacter Rates per 100,000 WA State, Yakima County & Zip
Code 98930 (95% Confidence Interval 27.85 - 111.24)



Campylobacter & Zip Code 98938 (Outlook)



Where is Outlook (Zip Code 98938)?



Are We Concerned For Outlook?

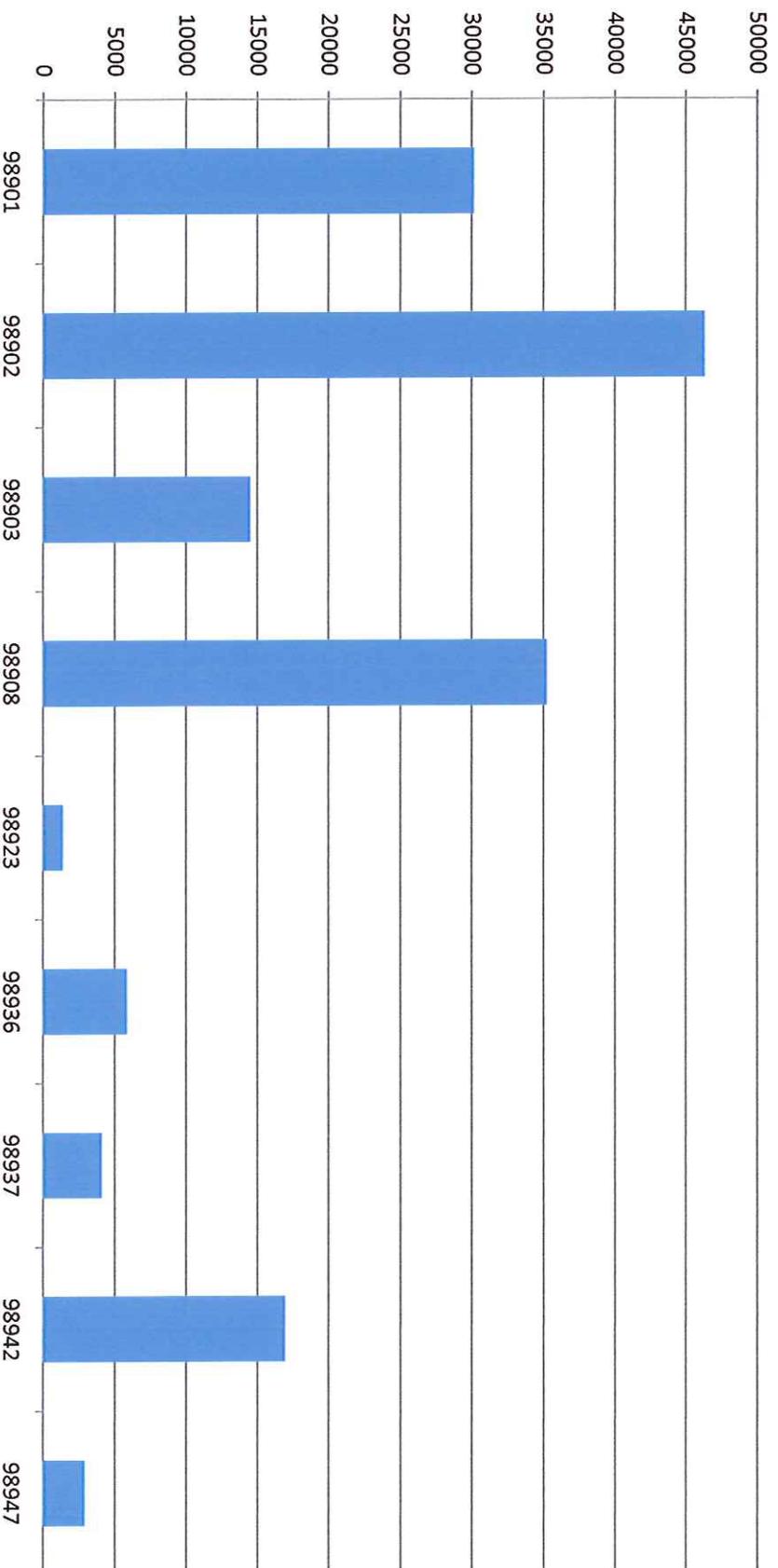
- Outlook Elementary School is operating with their third well due to high levels of nitrates in the water
- People in Outlook contributed to the Yakima Herald Republic report - *Hidden Wells: Dirty Water*
- The Yakima County Nitrate Treatment Pilot Project kicked off on Jan. 4, 2011
- Midway through the program officials discovered that many households on private wells in Outlook were not part of the data base and had been overlooked. The county then hand delivered 60 packets and flyers and attended a community

What is a 95% Confidence Interval?

- 95% of all measurements will fall within this range
- For large numbers of people like the State of Washington the confidence interval is narrow. 95% of the time Washington will have 13.89 - 19.07 cases of Campylobacter per 100,000 people.
- For small numbers of people like Zip Code 98933 (Harrah) with a population around 1,200 the confidence interval is very broad (-) 78.56 - 190.80.

Where Do People Live?

Population - Upper Yakima Valley Zip Codes

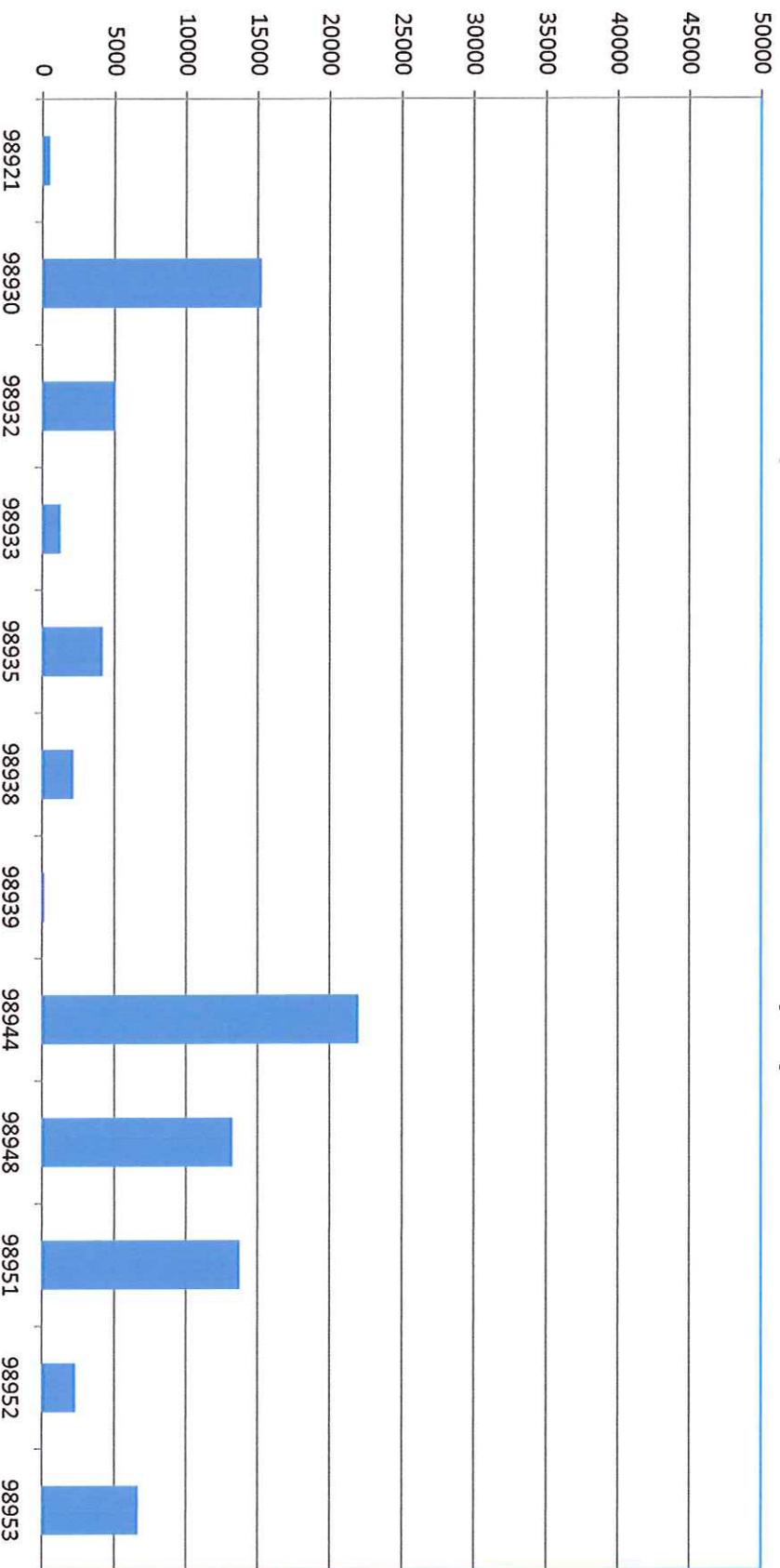


2010 Populations for Upper Yakima Valley Zip Codes

98901 – Yakima, Union Gap, East Selah	30,169
98902 – Yakima & West Valley	– Population 46,322
98903 – Yakima & Union Gap	– Population 14,517
98908 Yakima & West Valley	– Population 35,240
98923 – Cowiche	- Population 1434
98936 – Moxee	- Population 5,872
98937 – Naches & Westward	– Population 4,112
98942 - Selah	– Population 16,973
98947 – Tieton	– Population 2,902
Total – 157,541	

Where Do People Live?

Population - Lower Yakima Valley Zip Codes



Populations for Lower Yakima Valley Zip Codes

98921 – Buena – Population	516
98930 – Grandview – Population	15,252
98932 – Granger – Population	5,032
98933 – Harrah – Population	1267
98935 – Mabton – Population	4,190
98938 – Outlook – Population	2,177
98939 – Parker – Population	167
98944 – Sunnyside – Population	22,014
98948 – Toppenish – Population	13,225
98951 – Wapato – Population	13,739
98952 – White Swan – Population	13,739
98953 – Zillah – Population	6,681

Total Lower Valley Population – 86,590

Sources

- United States Census
- Washington State Department of Health Data Base

Public Health Services for Washington Health Districts

White Populations < 50% in pink, 50 - 60% in yellow and 60 - 70% in orange

County	FTE/pop	County	Exp/pop
Yakima	0.000125	Yakima	\$ 15.49
Cowlitz	0.000171	Grant	\$ 21.26
Clark	0.000189	Cowlitz	\$ 21.76
Grant	0.000227	Chelan-Douglas	\$ 22.86
Snohomish	0.000243	Whitman	\$ 23.12
Thurston	0.000244	Snohomish	\$ 23.21
Chelan-Douglas	0.000255	Clark	\$ 23.21
Clallam	0.000273	Kittitas	\$ 27.87
Skagit	0.000277	Okanogan	\$ 28.76
Whitman	0.000346	Walla Walla	\$ 30.15
Tacoma-Pierce County	0.00035	Thurston	\$ 31.22
Kitsap	0.000352	Benton-Franklin	\$ 33.32
Okanogan	0.000354	Skagit	\$ 33.33
Kittitas	0.000354	Mason	\$ 36.01
Whatcom	0.000365	Island	\$ 36.33
Mason	0.000372	Kitsap	\$ 36.92
Benton-Franklin	0.000374	Asotin	\$ 37.22
Walla Walla	0.00039	Adams	\$ 37.42
Grays Harbor	0.000391	Grays Harbor	\$ 39.70
Lewis	0.000401	Clallam	\$ 40.44
Island	0.000401	Tacoma-Pierce County	\$ 41.90
Spokane	0.000428	Spokane	\$ 44.91
Asotin	0.000444	Pacific	\$ 49.25
Adams	0.000467	Lincoln	\$ 51.39
Klickitat	0.000569	Lewis	\$ 66.39
Pacific	0.000602	Klickitat	\$ 67.04
Lincoln	0.000612	Whatcom	\$ 79.61
Seattle-King County	0.000783	Columbia	\$ 86.50
Northeast Tri-County	0.001081	Wahkiakum	\$ 86.97
Jefferson	0.001102	Northeast Tri-County	\$ 93.73
Skamania	0.001179	Seattle-King County	\$ 94.96
Columbia	0.001214	Garfield	\$ 100.30
Wahkiakum	0.00132	Jefferson	\$ 119.46
San Juan	0.001554	Skamania	\$ 162.47
Garfield	0.001633	San Juan	\$ 235.98
Totals	0.000456	Totals	\$ 53.54

County	Revenue/pop
Yakima	\$ 16.69
Cowlitz	\$ 17.43
Grant	\$ 21.77
Whitman	\$ 23.12
Snohomish	\$ 23.21
Chelan-Douglas	\$ 23.83
Clark	\$ 24.66
Kittitas	\$ 27.87
Okanogan	\$ 27.89
Walla Walla	\$ 29.90
Thurston	\$ 31.22
Skagit	\$ 33.35
Asotin	\$ 33.64
Benton-Franklin	\$ 34.18
Mason	\$ 36.01
Island	\$ 37.59
Adams	\$ 38.69
Kitsap	\$ 38.80
Tacoma-Pierce County	\$ 40.15
Clallam	\$ 40.44
Grays Harbor	\$ 42.46
Spokane	\$ 45.39
Pacific	\$ 48.55
Lincoln	\$ 52.27
Lewis	\$ 69.50
Klickitat	\$ 71.79
Whatcom	\$ 79.61
Columbia	\$ 86.50
Northeast Tri-County	\$ 93.73
Garfield	\$ 96.04
Seattle-King County	\$ 105.38
Wahkiakum	\$ 113.17
Jefferson	\$ 117.14
Skamania	\$ 164.94
San Juan	\$ 235.98
Totals	\$ 56.65

County	State Exp/pop
Grant	\$ 3.93
Chelan-Douglas	\$ 4.26
Whitman	\$ 4.49
Cowlitz	\$ 4.82
Clark	\$ 5.02
Snohomish	\$ 6.04
Yakima	\$ 6.09
Skagit	\$ 6.43
Island	\$ 6.62
Kittitas	\$ 7.07
Benton-Franklin	\$ 7.13
Thurston	\$ 7.38
Grays Harbor	\$ 7.52
Kitsap	\$ 7.53
Okanogan	\$ 7.79
Spokane	\$ 8.43
Clallam	\$ 8.74
Mason	\$ 8.99
Tacoma-Pierce County	\$ 10.30
Pacific	\$ 10.34
Asotin	\$ 10.52
Adams	\$ 11.00
Lincoln	\$ 11.81
Seattle-King County	\$ 12.65
Northeast Tri-County	\$ 16.60
Lewis	\$ 17.29
Klickitat	\$ 19.53
Wahkiakum	\$ 21.54
Jefferson	\$ 27.65
Whatcom	\$ 28.77
Columbia	\$ 29.91
Skamania	\$ 41.71
Garfield	\$ 42.13
San Juan	\$ 61.27
Walla Walla	\$ 98.46
Totals	\$ 9.99

County	Fed Exp/pop
Cowlitz	\$ 4.29
Yakima	\$ 4.56
Whitman	\$ 4.58
Thurston	\$ 4.99
Kittitas	\$ 5.31
Snohomish	\$ 5.89
Skagit	\$ 5.92
Chelan-Douglas	\$ 5.93
Clark	\$ 5.97
Okanogan	\$ 7.13
Grant	\$ 7.93
Mason	\$ 8.14
Kitsap	\$ 8.82
Walla Walla	\$ 9.32
Island	\$ 10.12
Whatcom	\$ 10.18
Clallam	\$ 10.40
Tacoma-Pierce County	\$ 11.24
Asotin	\$ 13.15
Adams	\$ 14.52
Benton-Franklin	\$ 14.86
Spokane	\$ 16.71
Lewis	\$ 19.11
Seattle-King County	\$ 21.86
Jefferson	\$ 22.73
Grays Harbor	\$ 23.35
Lincoln	\$ 23.82
Pacific	\$ 28.87
Northeast Tri-County	\$ 29.49
Klickitat	\$ 29.55
Garfield	\$ 34.07
Wahkiakum	\$ 34.17
Columbia	\$ 37.82
San Juan	\$ 48.35
Skamania	\$ 58.24
Totals	\$ 13.50

County	Local Exp/pop
Yakima	\$ 6.03
Cowlitz	\$ 8.32
Pacific	\$ 9.34
Grant	\$ 9.92
Asotin	\$ 9.97
Snohomish	\$ 11.28
Grays Harbor	\$ 11.60
Benton-Franklin	\$ 12.19
Okanogan	\$ 12.97
Adams	\$ 13.18
Chelan-Douglas	\$ 13.64
Clark	\$ 13.67
Whitman	\$ 14.05
Walla Walla	\$ 14.59
Kittitas	\$ 15.49
Lincoln	\$ 16.65
Tacoma-Pierce County	\$ 18.61
Columbia	\$ 18.77
Thurston	\$ 18.84
Mason	\$ 18.88
Garfield	\$ 19.84
Spokane	\$ 20.24
Island	\$ 20.84
Skagit	\$ 21.00
Clallam	\$ 21.30
Kitsap	\$ 22.45
Klickitat	\$ 22.71
Lewis	\$ 33.10
Whatcom	\$ 40.65
Northeast Tri-County	\$ 47.64
Wahkiakum	\$ 57.46
Skamania	\$ 64.99
Jefferson	\$ 66.76
Seattle-King County	\$ 70.87
San Juan	\$ 126.36
Totals	\$ 33.16

Public Health Services for Washington Health Districts

County	FTE/pop	County	Expenditures Exp/pop
Yakima	0.000125	Yakima	15.49163
Cowlitz	0.000171	Grant	21.25667
Clark	0.000189	Cowlitz	21.7616
Grant	0.000227	Chelan-Douglas	22.86068
Snohomish	0.000243	Whitman	23.12442
Thurston	0.000244	Snohomish	23.20614
Chelan-Douglas	0.000255	Clark	23.20946
Clallam	0.000273	Kittitas	27.86707
Skagit	0.000277	Okanogan	28.75552
Whitman	0.000346	Walla Walla	30.14506
Tacoma-Pierce County	0.00035	Thurston	31.21537
Kitsap	0.000352	Benton-Franklin	33.31558
Okanogan	0.000354	Skagit	33.33354
Kittitas	0.000354	Mason	36.00738
Whatcom	0.000365	Island	36.32535
Mason	0.000372	Kitsap	36.92483
Benton-Franklin	0.000374	Asotin	37.22439
Walla Walla	0.00039	Adams	37.42407
Grays Harbor	0.000391	Grays Harbor	39.69949
Lewis	0.000401	Clallam	40.4443
Island	0.000401	Tacoma-Pierce County	41.90413
Spokane	0.000428	Spokane	44.9099
Asotin	0.000444	Pacific	49.25339
Adams	0.000467	Lincoln	51.38988
Klickitat	0.000569	Lewis	66.38835
Pacific	0.000602	Klickitat	67.04479
Lincoln	0.000612	Whatcom	79.60551
Seattle-King County	0.000783	Columbia	86.50319
Northeast Tri-County	0.001081	Wahkiakum	86.97436
Jefferson	0.001102	Northeast Tri-County	93.7323
Skamania	0.001179	Seattle-King County	94.96105
Columbia	0.001214	Garfield	100.2988
Wahkiakum	0.00132	Jefferson	119.4567
San Juan	0.001554	Skamania	162.4729
Garfield	0.001633	San Juan	235.9765
Totals	0.000456	Totals	53.53906

County	Revenue Revenue/pop	State Funds County	State/pop
Yakima	16.68686	Grant	3.930711
Cowlitz	17.42866	Chelan-Douglas	4.260483
Grant	21.77397	Whitman	4.490709
Whitman	23.12442	Cowlitz	4.819275
Snohomish	23.20619	Clark	5.017949
Chelan-Douglas	23.82823	Snohomish	6.036915
Clark	24.6612	Yakima	6.094977
Kittitas	27.86707	Skagit	6.426911
Okanogan	27.88811	Island	6.61808
Walla Walla	29.90101	Kittitas	7.066895
Thurston	31.21537	Benton-Franklin	7.134464
Skagit	33.34828	Thurston	7.384823
Asotin	33.63622	Grays Harbor	7.520324
Benton-Franklin	34.18288	Kitsap	7.528947
Mason	36.00741	Okanogan	7.788448
Island	37.58555	Spokane	8.433326
Adams	38.6949	Clallam	8.741247
Kitsap	38.80189	Mason	8.987265
Tacoma-Pierce County	40.14577	Tacoma-Pierce County	10.30117
Clallam	40.4443	Pacific	10.34111
Grays Harbor	42.46314	Asotin	10.51732
Spokane	45.38832	Adams	11.00208
Pacific	48.55143	Lincoln	11.80653
Lincoln	52.27474	Seattle-King County	12.64885
Lewis	69.50239	Northeast Tri-County	16.59644
Klickitat	71.79092	Lewis	17.293
Whatcom	79.60551	Klickitat	19.53499
Columbia	86.50343	Wahkiakum	21.5357
Northeast Tri-County	93.7323	Jefferson	27.64673
Garfield	96.03707	Whatcom	28.77471
Seattle-King County	105.3765	Columbia	29.91123
Wahkiakum	113.1657	Skamania	41.71281
Jefferson	117.1431	Garfield	42.12621
Skamania	164.9441	San Juan	61.26577
San Juan	235.9764	Walla Walla	98.46287
Totals	56.65477	Totals	9.987754
County	Revenue Revenue/pop	State Funds County	State/pop

Federal Funds		Local Funds	
County	Fed/pop	County	Local/pop
Cowlitz	4.287667	Yakima	6.030276
Yakima	4.56161	Cowlitz	8.321714
Whitman	4.584041	Pacific	9.341635
Thurston	4.994034	Grant	9.917482
Kittitas	5.308933	Asotin	9.972529
Snohomish	5.885598	Snohomish	11.28368
Skagit	5.919116	Grays Harbor	11.59762
Chelan-Douglas	5.927069	Benton-Franklin	12.18922
Clark	5.971055	Okanogan	12.97395
Okanogan	7.125705	Adams	13.17589
Grant	7.925774	Chelan-Douglas	13.64068
Mason	8.144582	Clark	13.6722
Kitsap	8.819291	Whitman	14.04967
Walla Walla	9.316786	Walla Walla	14.59414
Island	10.12329	Kittitas	15.49124
Whatcom	10.18107	Lincoln	16.64853
Clallam	10.40349	Tacoma-Pierce County	18.60568
Tacoma-Pierce County	11.23892	Columbia	18.77391
Asotin	13.14637	Thurston	18.83651
Adams	14.51693	Mason	18.87557
Benton-Franklin	14.8592	Garfield	19.84378
Spokane	16.71315	Spokane	20.24184
Lewis	19.11348	Island	20.84418
Seattle-King County	21.86135	Skagit	21.00225
Jefferson	22.7349	Clallam	21.29956
Grays Harbor	23.34519	Kitsap	22.45365
Lincoln	23.81968	Klickitat	22.70878
Pacific	28.86869	Lewis	33.09591
Northeast Tri-County	29.49392	Whatcom	40.64973
Klickitat	29.54715	Northeast Tri-County	47.64195
Garfield	34.06708	Wahkiakum	57.45777
Wahkiakum	34.1722	Skamania	64.99376
Columbia	37.81829	Jefferson	66.76145
San Juan	48.35196	Seattle-King County	70.86627
Skamania	58.23748	San Juan	126.3587
Totals	13.50461	Totals	33.16241

**Groundwater Research by the Washington State Department of Ecology
in Whatcom and Yakima Counties**

2014:

- Nitrogen Dynamics at a Manured Grass Field Overlying the Sumas-Blaine Aquifer in Whatcom County <https://fortress.wa.gov/ecy/publications/publications/1403001.pdf>

2013:

- WRIA 1 Groundwater Data Assessment (Whatcom County) <https://fortress.wa.gov/ecy/publications/publications/1403013.pdf>
- Little Squalicum Creek Estuary Soil and Groundwater Characterization (Whatcom County) <https://fortress.wa.gov/ecy/publications/publications/1303011.pdf>

2012:

- Quality Assurance Project Plan Little Squalicum Creek Estuary Soil and Groundwater Characterization <https://fortress.wa.gov/ecy/publications/publications/1203122.pdf>
- Addendum to Quality Assurance Project Plan Sumas-Blaine Surficial Aquifer Long - Term Ambient Groundwater Monitoring <https://fortress.wa.gov/ecy/publications/publications/0903111addendum.pdf>
- Yakima River Basin Integrated Water Resource Management Plan <https://fortress.wa.gov/ecy/publications/publications/1212002.pdf>

2011:

- North Whatcom Groundwater Update <https://fortress.wa.gov/ecy/publications/publications/1109180.pdf>
- Quality Assurance Project Plan: Sumas-Blaine Aquifer Nitrate Contamination Summary <https://fortress.wa.gov/ecy/publications/publications/1103111.pdf>
- EDB and 1,2-DCP in Domestic Groundwater Supplies, Follow-Up Investigation: Bertrand Creek Area (Whatcom County) <https://fortress.wa.gov/ecy/publications/publications/1103050.pdf>
- Sumas-Blaine Aquifer Long-Term Groundwater Quality Monitoring Network, 2009 Annual Report <https://fortress.wa.gov/ecy/publications/publications/1103015.pdf>

2010:

- Lower Yakima Valley Groundwater Quality Preliminary Assessment and Recommendations Document <https://fortress.wa.gov/ecy/publications/publications/1010009.pdf>

2009:

- Quality Assurance Project Plan: Effects of Conventional versus Minimum Tillage on Groundwater Nitrate at a Manured Grass Field <https://fortress.wa.gov/ecy/publications/publications/0903126.pdf>

- Bertrand Fish trap Flow Depletion Model (Whatcom County)
<https://fortress.wa.gov/ecy/publications/publications/1203267.pdf>

2008:

- Nitrate Trends in the Central Sumas-Blaine Surficial Aquifer
<https://fortress.wa.gov/ecy/publications/publications/0803018.pdf>
- Fecal Coliform and Nitrate Transport in Shallow GW Discharging to Streams, Nooksack Indian Tribe
<https://fortress.wa.gov/ecy/publications/publications/1203261.pdf>

2007:

- Ambient Groundwater Quality in the Moxee Valley Surficial Aquifer, Yakima County, January-June 2006
<https://fortress.wa.gov/ecy/publications/publications/0703023.pdf>
- Quality Assurance Project Plan: Bertrand Creek and Meadowdale Areas (Whatcom County) Follow-Up Study of EDB and 1,2-DCP in Residential Wells.
<https://fortress.wa.gov/ecy/publications/publications/0703102.pdf>
- Addendum to Quality Assurance Project Plan: Groundwater, Soil, and Crop Nitrogen at a Field Where Dairy Waste is Used as Fertilizer in Whatcom County
<https://fortress.wa.gov/ecy/publications/publications/0403112add.pdf>

2006:

- Groundwater-Surface Water Interactions along the Naches and Tieton Rivers, Summer and Fall 2004
<https://fortress.wa.gov/ecy/publications/publications/0603003.pdf>

2005:

- Quality Assurance Project Plan: Assessment of Ambient Groundwater Quality Conditions in the Surficial Unconsolidated Sedimentary Aquifer of the Moxee Valley, Yakima County, Washington
<https://fortress.wa.gov/ecy/publications/publications/0503119.pdf>
- Lake Whatcom Total Maximum Daily Load Groundwater Study
<https://fortress.wa.gov/ecy/publications/publications/0503001.pdf>

2004:

- Quality Assurance Project Plan: Groundwater, Soil, and Crop Nitrogen at a Field Where Dairy Waste is Used as Fertilizer in Whatcom County.
<https://fortress.wa.gov/ecy/publications/publications/0403112.pdf>

2003:

- Groundwater Quality in the Central Ahtanum Valley, Yakima County, March 2001 - December 2002
<https://fortress.wa.gov/ecy/publications/publications/0303040.pdf>
- Quality of Ground Water in Private Wells in the Lower Yakima Valley, 2001-02
<https://fortress.wa.gov/ecy/publications/publications/0210074.pdf>

- Quality Assurance Project Plan: Monitoring for Nitrate Trends in the Central Sumas-Blaine Surficial Aquifer <https://fortress.wa.gov/ecy/publications/publications/0203084.pdf>
- Quality Assurance Project Plan: Characterization of Groundwater Discharge to Lake Whatcom <https://fortress.wa.gov/ecy/publications/publications/0203082.pdf>
- Effects of Land Application of Manure on Groundwater at Two Dairies over the Sumas-Blaine Surficial Aquifer: Implications for Agronomic Rate Estimates <https://fortress.wa.gov/ecy/publications/publications/0203007.pdf>
- Nitrogen and Pesticide Contamination of GW in WRIA01, V1.3 <https://fortress.wa.gov/ecy/publications/publications/1203266.pdf>

2002:

- Groundwater Quantity Report for WRIA 01, Phase II <https://fortress.wa.gov/ecy/publications/publications/1203265.pdf>

2001:

2000:

- North central Sumas-Blaine Surficial Aquifer Nitrate Characterization Project - June 1999 <https://fortress.wa.gov/ecy/publications/publications/0003010.pdf>

1999:

- Yakima Groundwater Study (OBSOLETE) Not available
- The Aquifer Vulnerability Project -- Nooksack Pilot Study Report <https://fortress.wa.gov/ecy/publications/publications/9910.pdf>

1998:

- Sumas-Blaine Surficial Aquifer Nitrate Characterization <https://fortress.wa.gov/ecy/publications/publications/98310.pdf>
- Washington State Pesticide Monitoring Program: 1995 Surface Water Sampling Report <https://fortress.wa.gov/ecy/publications/publications/98300.pdf>

1997:

- Ground Water in Washington State (Interagency Report) <https://fortress.wa.gov/ecy/publications/publications/96007.pdf>

1996:

- City of Blaine Wellhead Protection Program <https://fortress.wa.gov/ecy/publications/publications/1203224.pdf>
- Evaluation of Groundwater Contamination at Roeder Avenue Landfill, Bellingham <https://fortress.wa.gov/ecy/publications/publications/96341.pdf>

- Watershed Briefing Paper for the Upper and Lower Yakima Watersheds
<https://fortress.wa.gov/ecy/publications/publications/96336.pdf>
- Nooksack Watershed Surficial Aquifer Characterization
<https://fortress.wa.gov/ecy/publications/publications/96311.pdf>
- City of Sumas Wellhead Protection Plan
<https://fortress.wa.gov/ecy/publications/publications/1203226.pdf>

1995:

1994:

- Washington State Pesticide Monitoring Program: 1993 Surface Water Sampling Report
<https://fortress.wa.gov/ecy/publications/publications/94164.pdf>
- Effects of Leakage from Four Dairy Waste Storage Ponds on Ground Water Quality, Final Report
<https://fortress.wa.gov/ecy/publications/publications/94109.pdf>
- Lummi Island Groundwater Study
<https://fortress.wa.gov/ecy/publications/publications/1203244.pdf>
- Ground Water Quality Survey near Edaleen Dairy, Whatcom County, Washington, January 1990 to April 1993
<https://fortress.wa.gov/ecy/publications/publications/9437.pdf>

1993:

- Lens Groundwater Study, Whatcom County
<https://fortress.wa.gov/ecy/publications/publications/1203238.pdf>
- City of Grandview Class II Inspection, October 21-23, 1991
<https://fortress.wa.gov/ecy/publications/publications/93e60.pdf>
- Ground Water Quality Assessment: Hornby Dairy Lagoon, Sunnyside, Washington
<https://fortress.wa.gov/ecy/publications/publications/92e23.pdf>
- Black Rock - Moxee Valley Groundwater Study
<https://fortress.wa.gov/ecy/publications/publications/oftr9301.pdf>

1992:

- Glead Agricultural Chemicals Ground Water Quality Assessment
<https://fortress.wa.gov/ecy/publications/publications/92e22.pdf>
- Wellhead Protection Plan for City of Everson
<https://fortress.wa.gov/ecy/publications/publications/1203217.pdf>
- Blaine GWM Plan Final Hydrogeologic Report Volume I
<https://fortress.wa.gov/ecy/publications/publications/1203248.pdf>
- Blaine GWM Plan Final Hydrogeologic Report Volume II appendices
<https://fortress.wa.gov/ecy/publications/publications/1203211.pdf>
- Ground Water Quality Assessment: Whatcom County Dairy Lagoon #2 - Lynden, Washington
<https://fortress.wa.gov/ecy/publications/publications/92e25.pdf>
- Report on the Geophysical Logging and TV Inspection of Blaine Wells No. 1 and No. 2
<https://fortress.wa.gov/ecy/publications/publications/1203249.pdf>

1991:

- **Edaleen Dairy Lagoon Ground Water Quality Assessment February 1990 to February 1991**
<https://fortress.wa.gov/ecy/publications/publications/91e11.pdf>

1990:

1989:

1988:

- **Agricultural Chemicals Pilot Study Yakima County Study Area--Sampling and Analysis Plan**
<https://fortress.wa.gov/ecy/publications/publications/88e03.pdf>

1987:

1986:

1985:

- **Roza Irrigation District Ground Water Supply Study: Report for Yakima River Basin Water Enhancement Project** <https://fortress.wa.gov/ecy/publications/publications/oftr8501.pdf>
- **Water in the Lower Yakima River Basin, Washington**
<https://fortress.wa.gov/ecy/publications/publications/wsb53.pdf>
- **Hydrology of the Upper Yakima River Basin, Washington**
<https://fortress.wa.gov/ecy/publications/publications/wsb52.pdf>



Project Update: Implementing National CLAS Standards in Washington State September 11, 2014

Yris Lance, MA
CLAS Standards Project Manager
Governor's Interagency Council on Health Disparities

Kathie Meehan
Health Educator
Washington State Department of Health

Project Update

- ▶ CLAS Standards Training
- ▶ Washington State Agencies and CLAS
- ▶ Professional Associations CLAS Survey
- ▶ CLAS Standards Webpage
- ▶ Cultural Competency and CLAS coming events

CLAS Standards Training

Goal

Assist agencies and other organizations with adoption and implementation of the National Standards for Culturally and Linguistically Appropriate Services (CLAS)

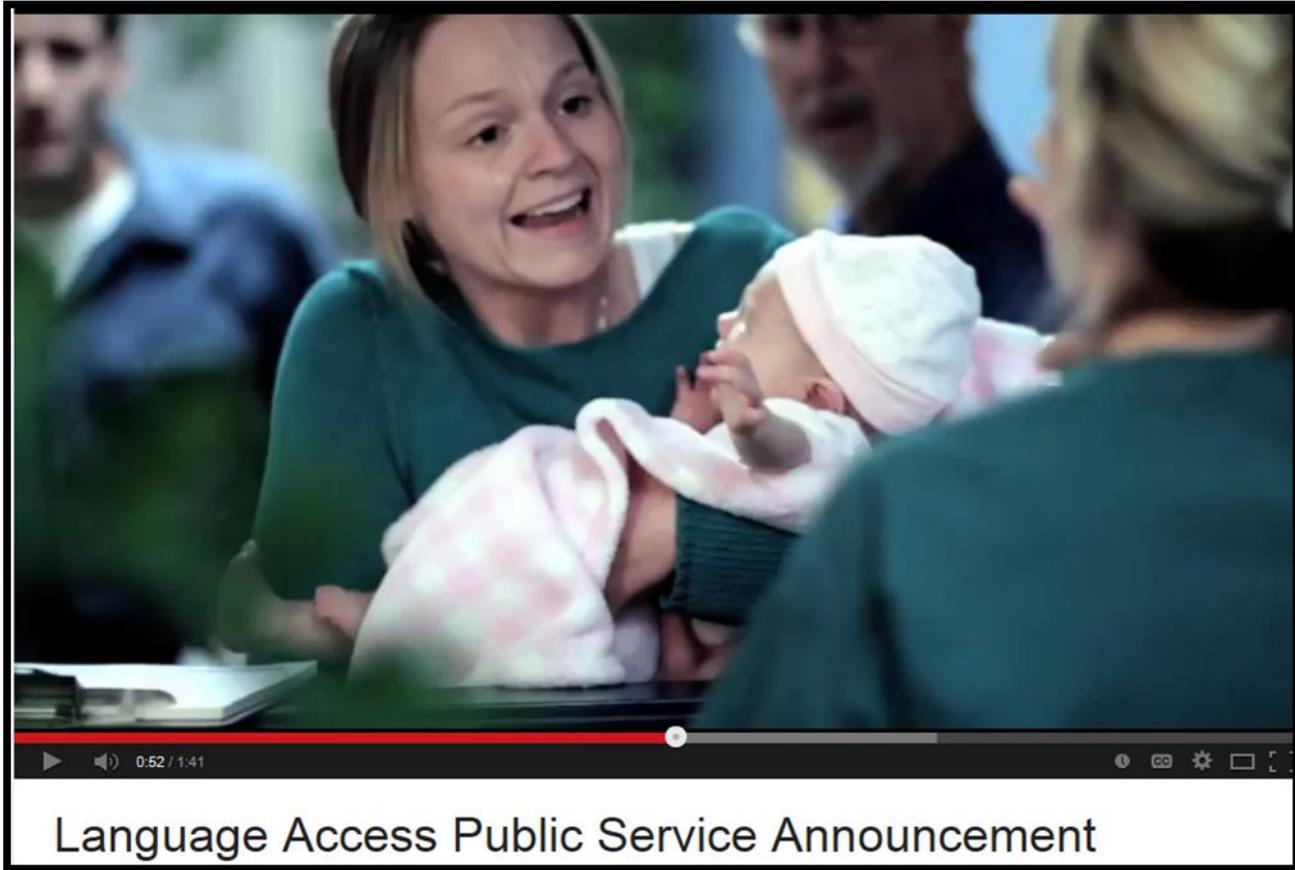
Training Structure

Five Modules 1.5 – 2 hours each

Module One

- ▶ Understand the historical context of CLAS
- ▶ Differentiate between equality and equity
- ▶ Recognize at least five cultural differences that humans experience
- ▶ Explain the value of implementing CLAS





Module Two

- ▶ Explain the importance of engaging leadership in CLAS adoption and implementation
- ▶ Describe three strategies to build a diverse workforce
- ▶ List two benefits to a diverse workforce



Discussion

1. What does your program (section, office, or division) do at the leadership level that promotes CLAS or health equity?
2. What policies, procedures, or processes about language access does your program have?
3. Does your program set aside funds to support CLAS and health equity?

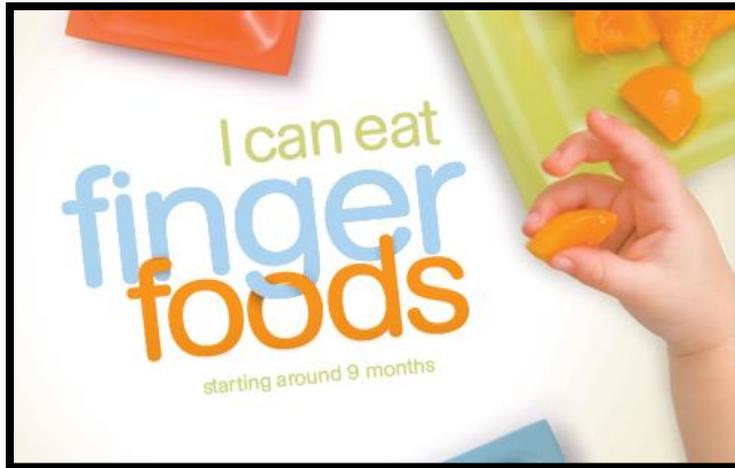
Module Three

- ▶ Identify two barriers that Limited-English Proficient (LEP) populations experience in accessing services
- ▶ List three benefits for ensuring competence for translation and interpretation
- ▶ Explain why it is important to consider culture in communication and language assistance



Bad Translation Example

English



Arabic



It's possible for me to eat fingers

Module Four

- ▶ Identify how your program could collect data that would help inform your efforts to provide CLAS
- ▶ List two potential performances measures your program could use to track your progress on implementing CLAS
- ▶ List three ways your program could partner with and engage the communities you serve



Community
Engagement



Higher trust and
quality of services
reported by
community
members

Module Five

- ▶ Identify the staff needed to adopt and implement CLAS
- ▶ Give examples of the important elements in a policy on CLAS standards
- ▶ Identify one barrier and one approach to integrating CLAS into practice



Integrating CLAS into Policy	Integrating CLAS into Practice
Umbrella policies	Grants
Existing policies	Organizational culture
New policies	Customer service
	Material development

CLAS Standards Training Pilot: Washington State Department of Health

Goal of Pilot

- ▶ Test curriculum with staff from multiple levels
- ▶ Identify areas for improvement
- ▶ Verify appropriateness of timing, activities, and learning objectives

Structure

- 14 Participants from four different offices
- Five sessions over two days

Evaluations

- Measured achievement of learning objectives
- Captured suggestions for improvement
- Identified ways participants will use information

Overall Satisfaction

- 11 were satisfied
- 1 was somewhat satisfied
- 0 were not satisfied

Most Valuable Part of Training

- ▶ **Training style**
 - Group thinking/sharing, discussions
 - Interaction with other staff
 - Activities
- ▶ **Information about the Standards**
 - Implementation strategies
- ▶ **Integrating CLAS into practice**
 - Session Five: Policy & Practice

Feedback from Participants

“I'm excited to learn more and implement being more mindful of the standards will change my outlook.”

“I'm going to include or have others include translation of materials, audience testing or other in our 2015 grant.”

“(I need) more awareness of how to address different needs of my customers and what I can in strategic planning meeting.”

“(I will be) seeing where our office is on CLAS Standards.”

“The examples are great to provoke ideas and stages about CLAS.”

“(I can now) do a better job of explaining CLAS to both professional staff and community.”

“I hope to bring (aspects of CLAS) into my work and engage leadership.”

“(I will) borrow your implementation strategies.”

“(We should be) looking at our assumption(s) when we collect demographic data.”

CLAS Implementation in Washington State Agencies

Agencies currently working with the council on CLAS:

- ▶ Health Care Authority
- ▶ Department of Health
- ▶ Department of Social and Health Services
- ▶ Department of Agriculture
- ▶ Office of the Superintendent of Public Instruction
- ▶ Department of Early Learning

CLAS Standards Implementation Survey Washington State Professional Associations

Associations currently sharing CLAS survey with their members:

- ▶ Washington Association of Community and Migrant Health Centers
- ▶ Northwest Primary Care Association
- ▶ Washington State Nurses Association
- ▶ Washington State Medical Association

Survey: See handout

Implementing CLAS Standards Webpage

2013-2015 Implementing National CLAS Standards in Washington State

The Implementing National CLAS Standards in Washington State grant aims to assist state agencies and health/healthcare organizations to develop, adopt, and implement CLAS Standards policies and practices.

The National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care were first developed by the U.S. Department of Health and Human Services Office of Minority Health in 2000. For more than 10 years, the CLAS standards underwent lengthy quality improvement processes; the standards were tested and enhanced to help organizations striving to provide high quality services. In 2013, the Enhanced National CLAS Standards and their blueprint were published to provide comprehensive guidelines to advance health equity, improve quality, and help reduce health disparities.

The Enhanced National CLAS 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.

The Governor's Interagency Council on Health Disparities is currently assisting agencies and organizations by providing information, training, and technical assistance to promote an understanding and adoption of the Enhanced National CLAS standards. Council staff has developed assessment tools, training modules, and identified additional resources to support CLAS work. In addition, a CLAS Collaborative Team Guide and a CLAS Standards Training facilitator's guide are available to help organizations wishing to start working independently on the adoption of CLAS Standards.

Council Resources:

You can download our [Implementing National CLAS Standards in Washington State](#) Info-sheet for a snapshot of the project.

Assessment Tools	coming soon
Training Modules	coming soon
CLAS Collaborative Teams	coming soon
Training Guide	coming soon

External CLAS Resources

LANGUAGE ACCESS RESOURCES	
Washington State	National
Washington State Coalition for Language Access (WASCLA)	Migration Policy Institute - Language Access: Translation and Interpretation Policies and Practices Project
Washington State Department of Health and Social Services - Language Testing and Certification Program	Diversity RX - Language Access
Washington State Health Care Authority - Interpreter Services Program	Hablamos Juntos - Language Policy and Practice in Health Care
Washington State Department of Transportation - Limited English Proficiency	Office of Minority Health - Data Standards for Race, Ethnicity, Sex, Primary Language and Disability Status
Harborview Medical Center - Interpretive Services Program	Limited English Proficiency (LEP) Website
	U.S. HHS, Agency for Health Research and Quality (AHRQ) Patients with LEP - TeamSTEPS
	Grantmakers Concerned with Immigrants and Refugees - Eliminating Language Barriers for LEP Individuals

Cultural Competency and CLAS Training

Upcoming events sponsored by the Council

- Latina Health Symposiums

- Granger Sept 17 & Seattle Sept 23

<http://bit.ly/LHS2014Reg>

- Interagency Committee of State Employed Women Leadership Conference Sept 29

<http://icsew.wa.gov/conferences/>

- CLAS Standards Training – Schedule is open

Resources

Enhanced CLAS Standards and the Blueprint for Advancing and Sustaining CLAS Policy and Practice

Think Cultural Health

<https://www.thinkculturalhealth.hhs.gov>

For more information contact:

Yris Lance, MA

CLAS Standards Project Manager

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Phone: 360-480-2057

Washington State Professional Associations CLAS Standards Survey

Organization's Name: _____

POLICY DEVELOPMENT AND IMPLEMENTATION	Yes	No	Uncertain
1. My organization has a written policy on cultural competency			
2. My organization has a written policy on language access			
3. My organization has an informal policy on cultural competency			
4. My organization has an informal policy on language access			
5. My organization has a CLAS standards policy			
6. My organization has started working on CLAS standards implementation			

If your organization is NOT currently implementing the CLAS Standards, you may end the survey now. Thank you for your participation.

If your organization is currently implementing the CLAS Standards, please indicate the level for each of standard.

ENHANCED CLAS STANDARD	Not implementing	Partially implementing	Fully implementing
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.			
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.			
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.			



Breast Cancer: Health Disparities in Washington State

Steven Garrett, MA, MS

Prevention and Community Health Division

September 11, 2014

Learning Objectives

Participants will understand:

- Risk factors
- Issues in Washington State
- Implications for public health interventions

Risk Factors

Can't change

- Gender
- Aging
- Gene defects and family history
- Previous breast cancer, dense breast tissue, benign breast conditions, early menarche, late menopause and chest radiation

[#What are the risk factors for breast cancer?](#) American Cancer Society. Revised: 01/31/2014

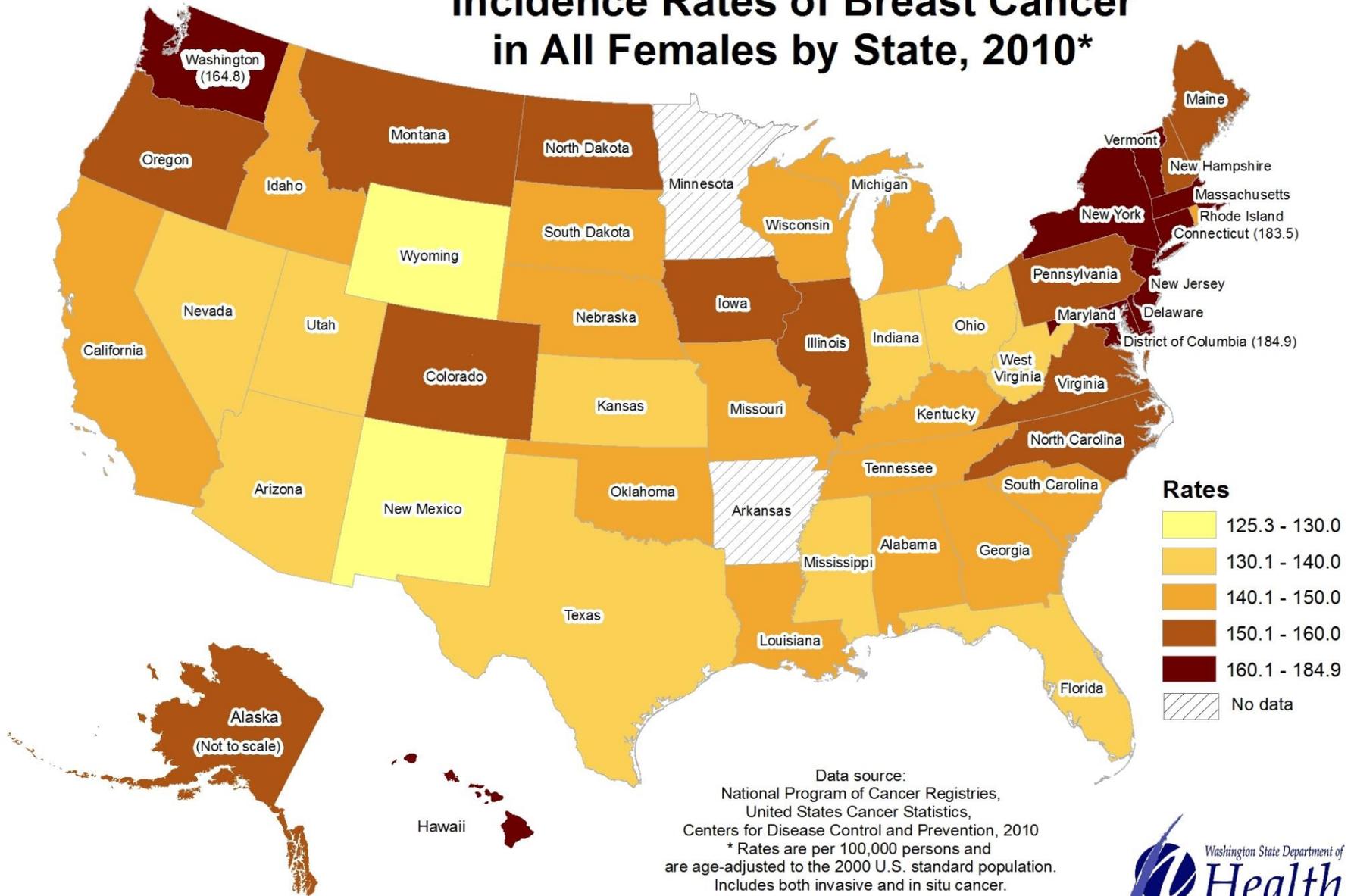
Risk Factors

Can Change

- Delayed or no childbearing
- Being on birth control pills
- Hormone therapy after menopause
- Never breastfeeding
- Alcohol
- Obesity
- Being sedentary

[Progress in Increasing Breastfeeding and Reducing Racial/Ethnic Differences — United States, 2000-2008 Births](#). Centers for Disease Control. Reviewed: February 7, 2013.

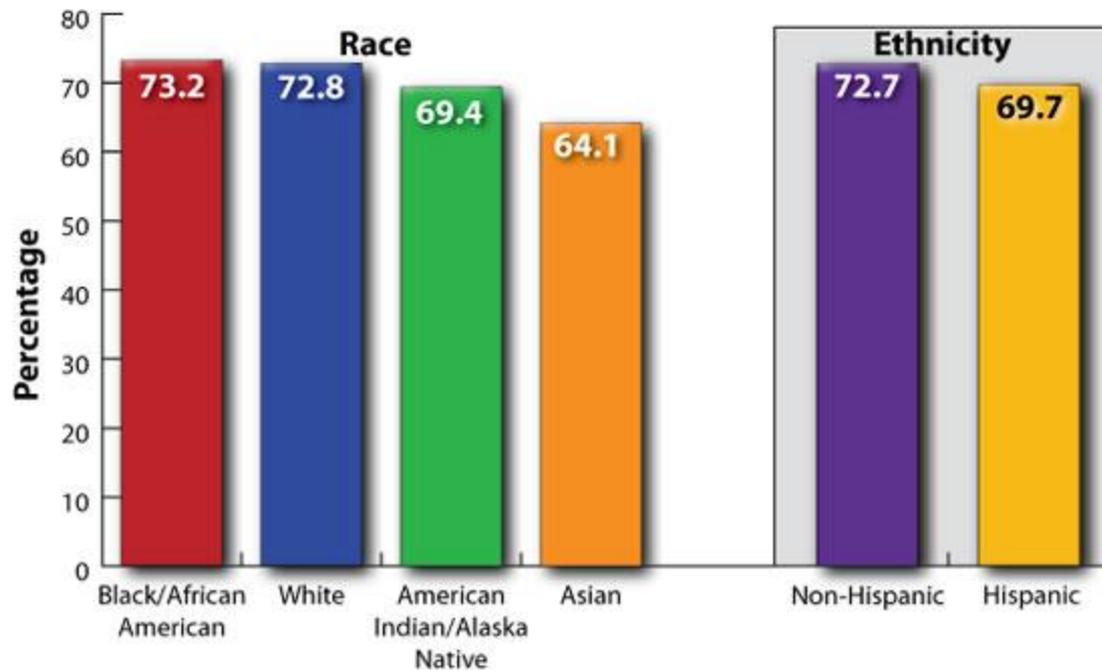
Incidence Rates of Breast Cancer in All Females by State, 2010*



Data source:
 National Program of Cancer Registries,
 United States Cancer Statistics,
 Centers for Disease Control and Prevention, 2010
 * Rates are per 100,000 persons and
 are age-adjusted to the 2000 U.S. standard population.
 Includes both invasive and in situ cancer.

Race and Ethnicity: Screening

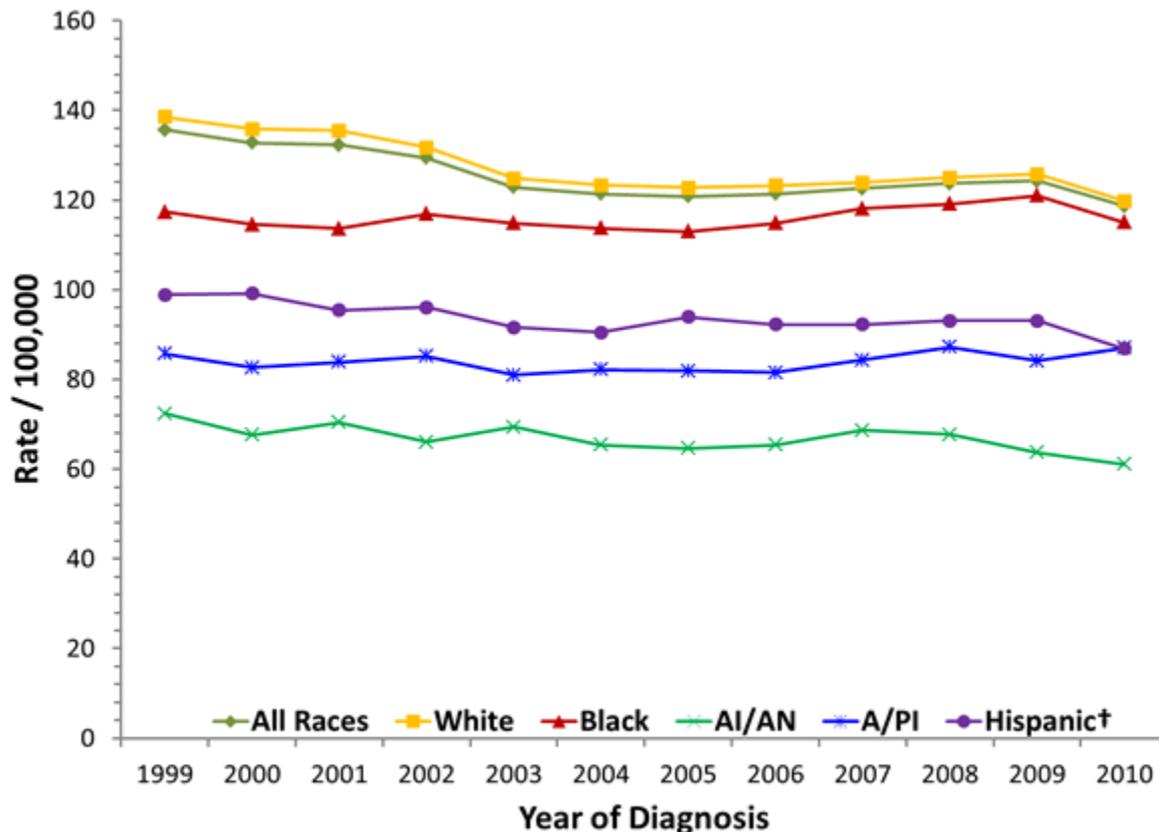
Women aged 50–74 years who reported having a mammogram within the past 2 years, by race and ethnicity, in 2010*.



*Centers for Disease Control and Prevention (CDC). [Cancer screening—United States, 2010](#). *MMWR* 2012;61(3):41–45.

Race and Ethnicity: Incidence

Female Breast Cancer Incidence Rates by Race and Ethnicity*



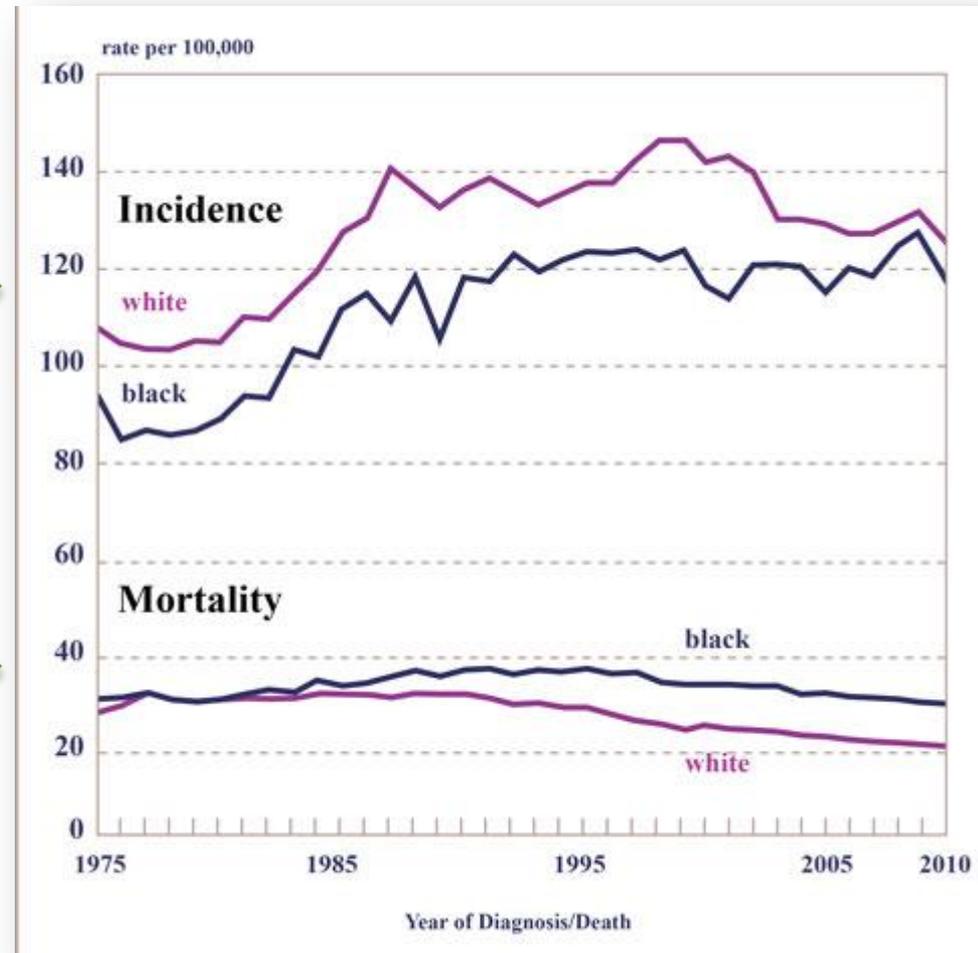
*United States, 1999–2010. Rates are per 100,000 and are age-adjusted. [Breast Cancer Rates by Race and Ethnicity](#). Centers for Disease Control. Revised: August 12, 2013.

Black and White Mortality

Female breast cancer incidence rates and mortality. White and black (includes Hispanics)*.

Lower Black incidence

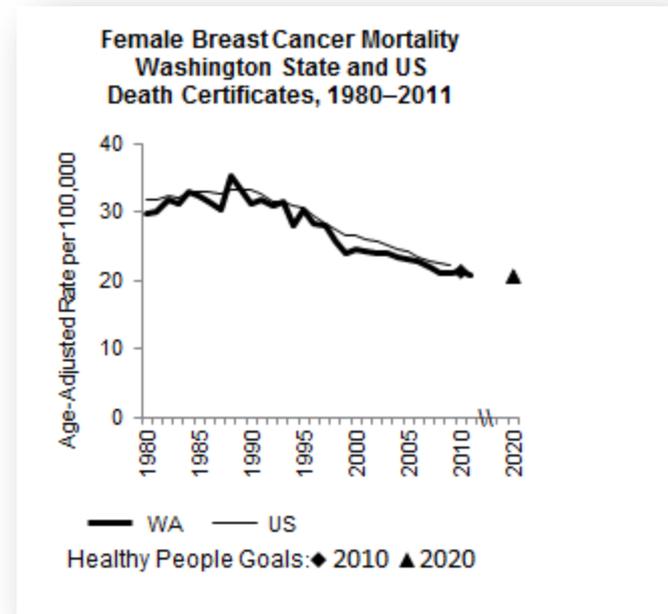
Higher Black mortality



*[SEER Cancer Statistics Review, 1975-2010: Fast Stats.](#) Bethesda, MD: National Cancer Institute, 2013. United States, 1975–2010. Rates are per 100,000 and are age-adjusted.

Breast Cancer in Washington

- 2011: 824 women died of breast cancer
- 2nd leading cause of cancer death for women.
- The most frequently diagnosed cancer for women (besides skin)
- Incidence rates higher than the national average (5th highest)
- Puget Sound even higher rates



- [Female Breast Cancer](#). Health of Washington State. The Washington State Department of Health. Updated: 09/17/2013
- [Centers for Disease Control and Prevention](#). National Program of Cancer Registries (NPCR). 2011.

Confidence Intervals

- **Confidence interval (CI)** is a measure of the range of reliability of an estimate
- More observations = tighter CI range (more confidence in the estimated rate)
- Following maps are at 95% confidence

Confidence Intervals with Washington State Breast Cancer Incidence and Mortality Data

Incidence

Name	Observations	Incidence	Confidence Interval
King	1896	186	(182.2, 189.9)
Pierce	742	177.2	(171.5, 183.1)
Whatcom	202	181.1	(169.9, 193.1)
Snohomish	650	175.3	(169.2, 181.6)
Walla Walla	61	184.5	(163.7, 207.7)
Island	95	176.9	(160.6, 194.8)
Spokane	440	165.5	(158.5, 172.8)
Thurston	247	167.8	(158.3, 177.8)
Kitsap	245	166.2	(156.7, 176.1)
Cowlitz	105	166.5	(152.1, 182.0)
Benton	149	162	(150.4, 174.4)
Clark	349	154.4	(147.1, 162.0)
Skagit	117	159.4	(146.4, 173.5)
Jefferson	46	165.2	(142.1, 193.5)
Clallam	92	157	(141.8, 174.1)
San Juan	23	171.7	(139.4, 215.7)
Mason	63	155	(137.7, 174.5)
Chelan	66	154.3	(137.6, 172.7)
Yakima	171	142.9	(133.4, 153.0)
Whitman	25	154.6	(127.9, 185.7)
Grays Harbor	66	140.6	(125.4, 157.6)
Douglas	32	145.9	(123.9, 171.2)

2010 National average = 124.6

2010 State average = 164.8

Mortality

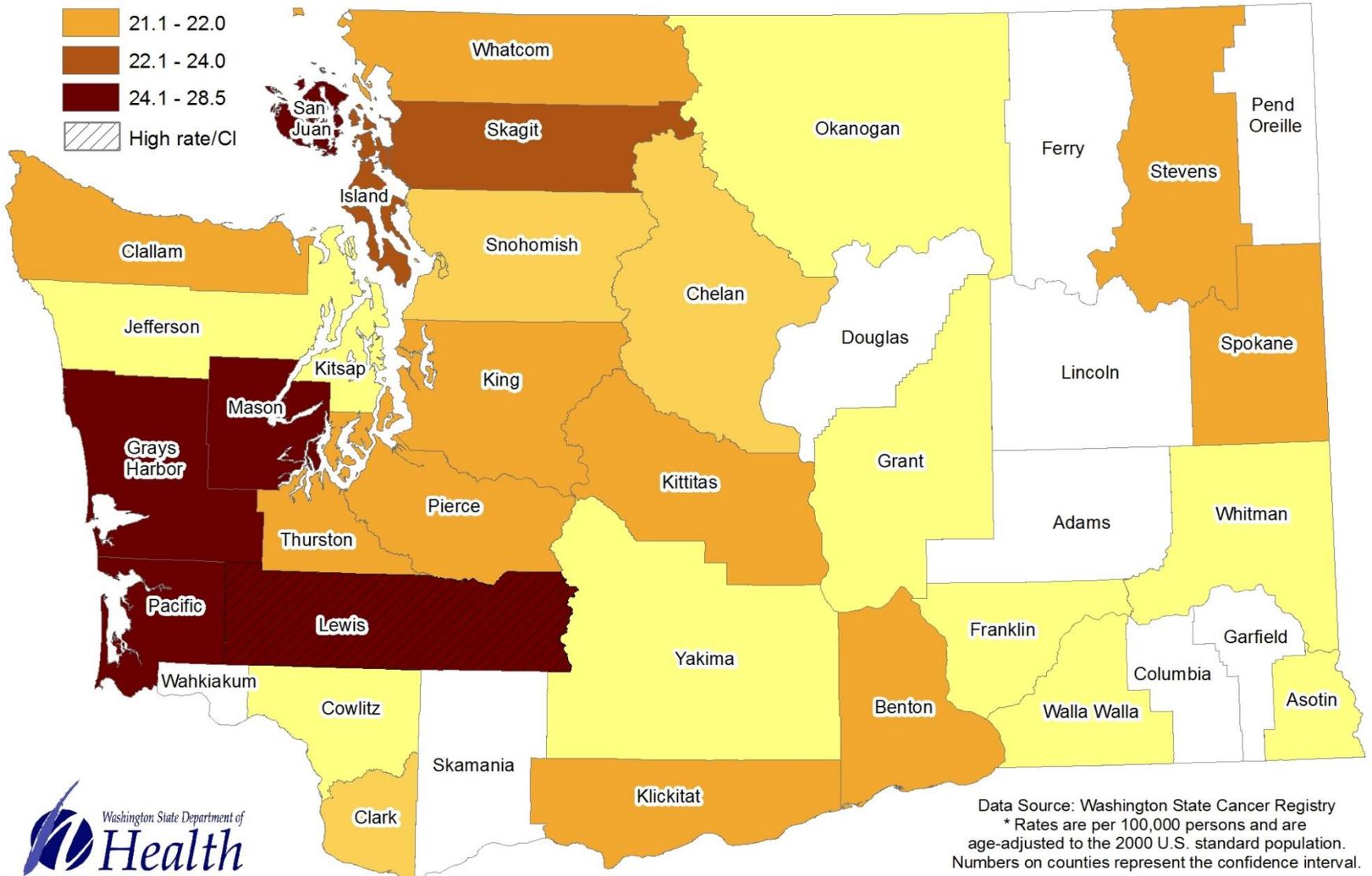
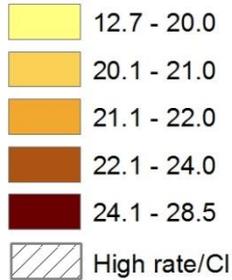
Name	Observations	Mortality Rate	Confidence Interval
Lewis	14	27.9	(21.5, 36.0)

2010 National average = 21.9

2010 State average = 20.9

Breast Cancer Mortality Rates in Women by County, 2009-2011*

Rate



Socio-Economic Status (SES)

- Versus women of higher SES, women of low SES:
 - Are less likely to get breast cancer.
 - More likely to have children at younger ages.
 - More likely to die from breast cancer (but not in Washington)
 - Less likely to have routine screening and access to quality healthcare.

Public Health Strategies

- Send mobile mammograms into areas of need
- Expand Medicaid
- Expand awareness of the BCCHP program



Public Health Strategies

Breast, Cervical and Colon Health Program (BCCHP)

- Managed by the Washington State Department of Health, with contractors, since 1993.
- Screening and diagnostic services to low-income uninsured and underinsured women.
- Funded by federal, state and private funding.
- Affordable Care Act now covers breast cancer screening and treatment.

Public Health Strategies

Comprehensive Cancer Control and Prevention (CCCP)

- Monthly briefer for partners: Cancer Connection
- Website with information about partnerships
- Potential for partnerships with CBOs, including funding
- Networking opportunities

Resources:

- [Health of Washington State](#). Female Breast Cancer. Washington State Department of Health.
- [American Cancer Society](#)
- [National Cancer Institute](#)
- [Centers for Disease Control and Prevention](#). Cancer Prevention and Control
- [Breast, Cervical and Colon Cancer Health Program](#). Washington State Department of Health.

Questions?

Steven.Garrett@doh.wa.gov

360.236.3654

Working Together for a Healthier Washington



Presented by Laura Kate Zaichkin, Administrator,
Office of Health Innovation and Reform, HCA
September 11, 2014

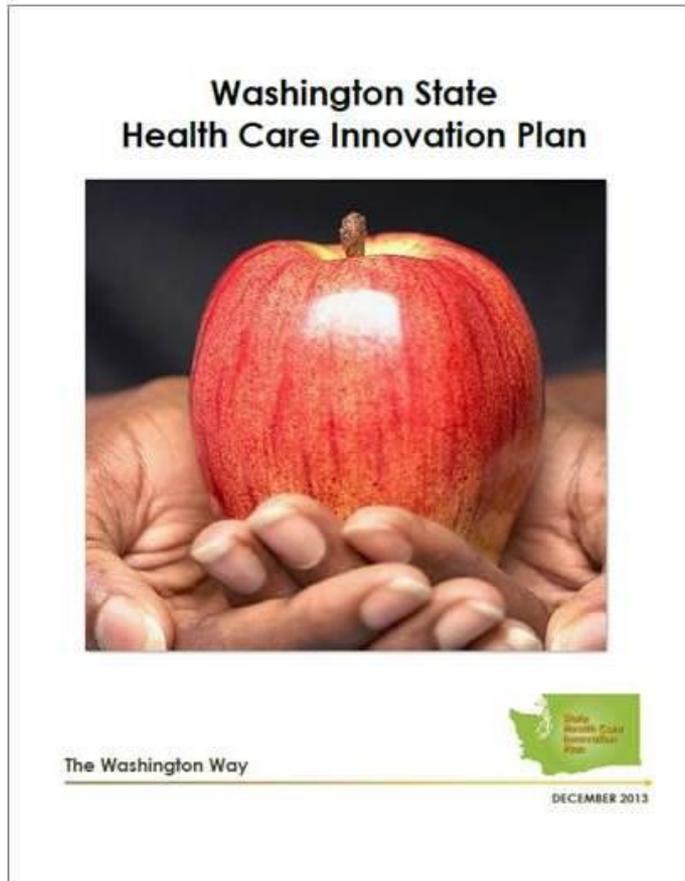
A decorative graphic consisting of three overlapping arrow shapes pointing to the right. The top arrow is light green, the middle is a darker green, and the bottom is light blue.

Today's Topics

- Healthier Washington
- Healthier Washington: Five Core Investments
- Opportunities to Participate

Healthier Washington

State Health Care Innovation Plan



Phase 1: Planning

Goal - a Healthier Washington

- **Pay for value and outcomes** starting with the State as “first mover”
- **Empower communities** to improve health and better link with health delivery
- **Integrate physical and behavioral health** to address the needs of the whole person

Critical - Legislation Enacted

- **E2SHB 2572** – Purchasing reform, greater transparency, empowered communities
- **E2SSB 6312** – Integrated whole-person care

Potential - Federal Financing (Round 2)

Healthier Washington:

Better health, better care, lower costs

Washington State's Round 2 SIM Grant Application:

“The Healthier Washington project builds the capacity to move health care purchasing from volume to value, improve the health of state residents, and deliver coordinated whole-person care.”



- **\$92.4 million** request
- Anticipate **late-October announcement**
- **4-year project:** 1 year of pre-implementation planning; 3 years implementation

GRANT APPLICATION TIMELINE:

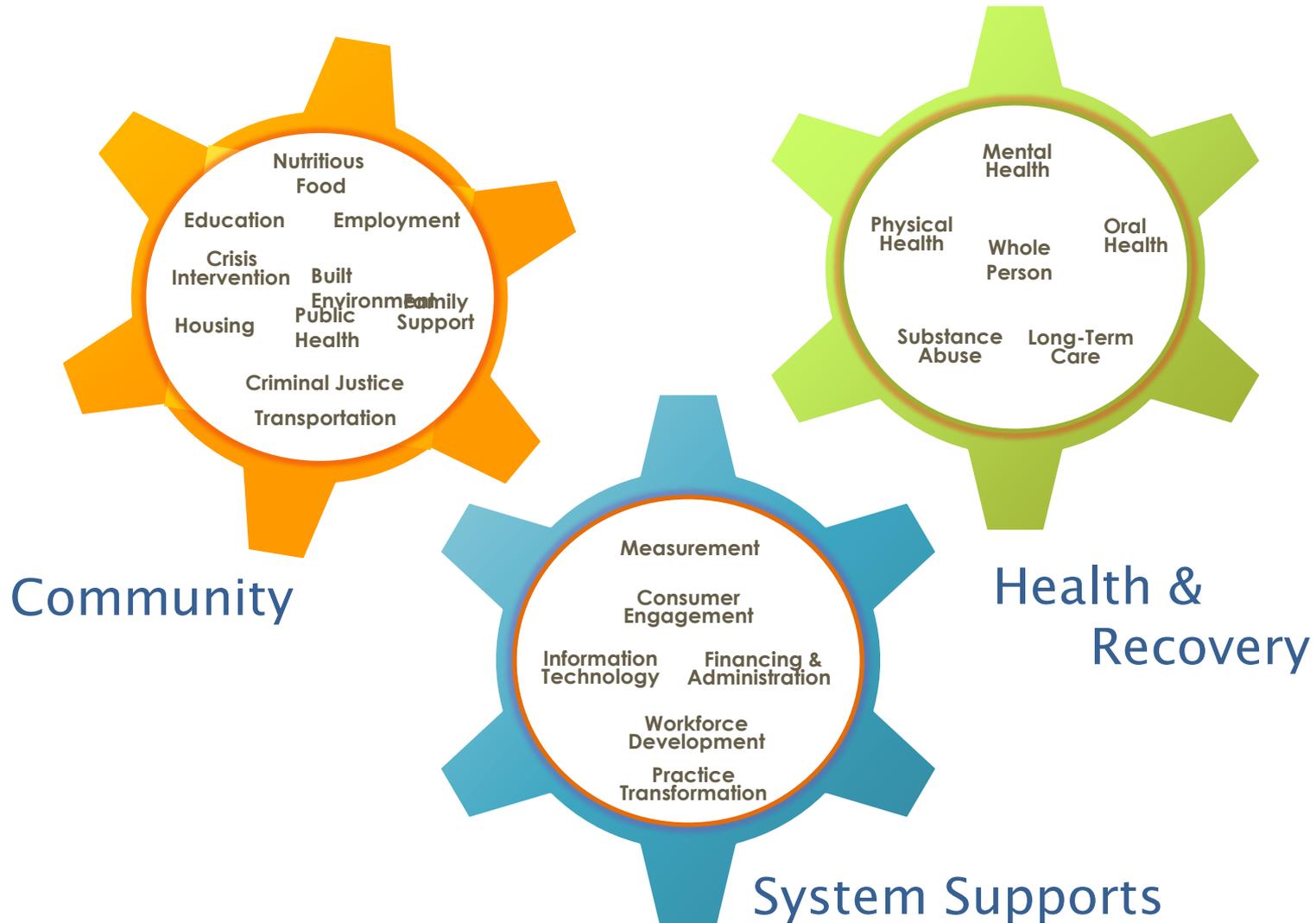
- | | |
|--------------------------------|----------------------------|
| ▪ <i>Application Submitted</i> | July 21, 2014 |
| ▪ <i>Announcement of Award</i> | October 31, 2014 |
| ▪ <i>Period of Performance</i> | Jan. 1, 2014–Dec. 31, 2018 |

Phase 2: Implementation

http://www.hca.wa.gov/shcip/Documents/SIM_Grant_Application.pdf

THE GOAL:

Partners working together for a Healthier Washington



Healthier Washington: Five Core Investments

Strategies, Investments & Goals

SIM FOA DOMAINS:

- Plan for population health
- Health care delivery system transformation approach
- Quality measure alignment
- Payment and/or service delivery system model
- Leverage regulatory authority
- Health information technology
- Stakeholder engagement

WASHINGTON'S APPROACH TO INNOVATION

STRATEGIES:

- 1) Healthy communities
- 2) Integrated care & social support
- 3) Pay for value — State as first mover

INVESTMENTS:

- 1) Community empowerment & accountability
- 2) Practice transformation support
- 3) Payment redesign
- 4) Analytics, interoperability and measurement
- 5) Project management

GOALS:

- **Improve** population health
- **Transform** delivery systems
- **Reduce** per capita spending

**A HEALTHIER
WASHINGTON**

Legislative Support: ● HB 2572 ● SB 6312

1. Community Empowerment & Accountability



- **Local Accountable Communities of Health (ACHs)** will provide a strong, organized local voice for regional purchasing strategies.
- **ACHs will be designed to accelerate physical and behavioral health care integration** through financing and delivery system adjustments, starting with Medicaid.
- **ACHs will serve as a forum for regional collaborative discussion** to accelerate local health improvement through the Plan for Population Health

2. *Practice Transformation Support*



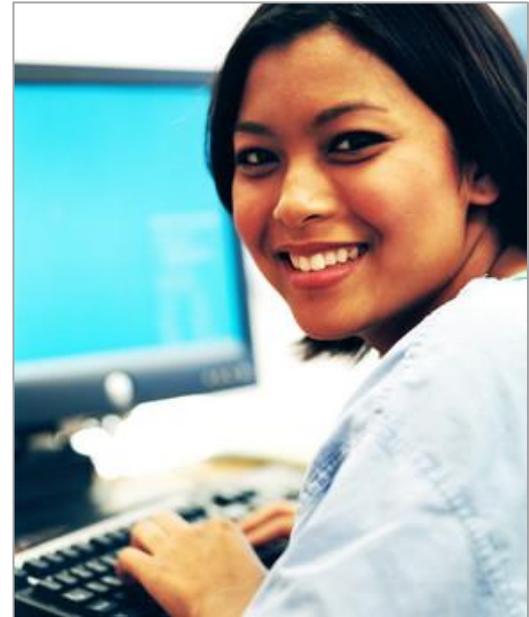
- **Washington will develop a “Practice Transformation Support Hub” to help providers:**
 - Work collaboratively to achieve better health, better care and lower cost
 - Coordinate care
 - Adapt to value-based payment

3. *Payment Redesign*

- **MODEL TEST 1: *Early Adopter of Medicaid Integration***
Test how integrated Medicaid financing for physical and behavioral health accelerates delivery of whole-person care
- **MODEL TEST 2: *Encounter-based to Value-based***
Test a value-based alternative payment methodology in Medicaid for federally-qualified health centers and rural health clinics and pursue new flexibility in delivery and financial incentives for participating Critical Access Hospitals
- **MODEL TEST 3: *Puget Sound PEB and Multi-Purchaser***
Through existing PEB partners & volunteering purchasers, test new accountable network, benefit design and payment approaches
- **MODEL TEST 4: *Greater Washington Multi-Payer***
Test integrated finance and delivery through a multi-payer network with a capacity to coordinate, share risk and engage a sizeable population

4. Analytics, Interoperability & Measurement

- **A consistent set of measures for health performance** – Common measure set to be completed January 2015 to inform purchasing strategy
- **Enhance information exchange capacity** to support care delivery, clinical-community linkages and improved health
- **Bolster analytic capacity** at state and community levels



5. Project Management



Opportunities to Participate

Opportunities to Participate

- **Join the Healthier Washington Feedback Network:**
 - Sign up at: healthierwa@hca.wa.gov
NOTE: *If you signed up for the State Health Care Innovation Plan Feedback Network, you are already signed up*
- **Watch for information on ACHs & join regional discussions:**
 - Information will be posted at:
www.hca.wa.gov/shcip/Pages/communities_of_health.aspx
- **Performance Measures meetings are open to the public:**
 - To attend the Governor's PMCC Committee Meetings in person or by webinar, locate information at:
www.hca.wa.gov/shcip/Pages/performance_measures.aspx
- **Monitor the Prevention discussion via the Public Health Improvement Partnership:**
 - <http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/PublicHealthImprovementPartnership>

For more information,
contact:

The Healthier Washington
Project Team

Call: (360) 725-1643

Email: healthierwa@hca.wa.com

Website:

www.hca.wa.gov/shcip



Thank you



Increasing the Diversity of Washington State's Nursing Workforce:

Barriers and Supports in the K-12 and Higher Education Systems

Report to the Governor's Interagency Council on Health Disparities
Washington State Board of Health

Mary Fertakis, M.Ed. , Sept. 11, 2014

WCN Mission:

To contribute to the health and wellness of people in Washington State by ensuring that there is an adequate nursing workforce to meet the current and future health care needs of our population.

BACKGROUND

- Washington Center for Nursing receives Robert Wood Johnson Foundation grant
- RWJ Foundation grant goals:
 - > 80% of nurses with a BSN degree or higher by 2020;
 - > increase diversity in the workforce.
- Produce a report that documents issues impacting recruitment and retention of under-represented students to inform the Diversity Initiative Advisory Committee's strategic plan.

REPORT FORMAT

- 31 Qualitative interviews conducted in spring and summer of 2013
- Interviewees included: Under-Represented and Minority (URM) students and nurses – both female and male; counselors, advisors and family engagement staff in K-12 and higher education; deans and faculty of nursing programs in Washington state; and other stakeholders in the non-profit sector.

REPORT FORMAT – GUIDING QUESTIONS for INTERVIEWS

- What are the barriers that URM students experience in the K-12 system that hinder their ability to pursue a nursing degree/career?
- What are the supports URM students in the nursing pipeline need in order to persist to earn their BSN degree?

REPORT FORMAT

- Background information and data to provide the context around the need to diversify the nursing workforce.
- Barriers and Supports identified in the K-12 and higher education system (majority of the report).
- Recommendations section based on the information collected.
- Innovative strategies that are, or have been, used to successfully address the issues identified.

REPORT FORMAT: FINDINGS

Information gathered fell into four categories:

1. Academic

-> With a significant sub-section of ELL issues

2. Financial

3. Institutional/System

4. Family and Cultural

K-12 & Higher Ed: Academic Barriers (Selected Findings)

- Guidance counselors lack information about: the breadth of nursing careers; classes needed for a nursing pathway; where to find hands-on opportunities; access to URM role models and mentors.
- Access to rigorous math and science classes directly linked to a nursing career has been limited.

K-12 & Higher Ed: Academic Barriers for ELL Students (Selected Findings)

- Inadequate placement testing that does not take into account existing background knowledge.
- Difficulty differentiating what is important and what is supplementary information in textbooks – when reading in another language all material is given equal weight.

K-12 & Higher Ed: Financial Barriers (Selected Findings)

- Financial literacy. No counseling about the cost of pursuing a degree and how it will pay for itself with the salary earned.
- Confusing financial aid process and the importance of meeting deadlines for paperwork.
- Perception by families that financial aid is a contribution to the family's needs so it is used for rent/food instead of school expenses.

K-12 & Higher Ed: Institutional & System Barriers (Selected Findings)

- Culturally relevant experiences and imagery are not incorporated into class simulations and missing or limited in textbooks.
- Health disparities between URM students and their better-resourced peers affect achievement.
- Expectation that students must adapt to the system rather than the system adapting to the changing demographics of student populations.

K-12 & Higher Ed: Family and Cultural Barriers (Selected Findings)

- First generation college students have a fear of failure, that the expense of college will be a drain on their families, and that they will let their family/community down.
- Concern about the perceptions within their communities that they are not conforming to community norms, or gender roles (i.e. women attending college; men studying for a non-traditional career).

K-12 & Higher Ed: Academic Supports (Selected Findings)

- College prep classes in high school and the ability to earn dual-credit in math or science and CTE (Career & Technical Education) to help with nursing pre-requisites.
- Opportunities for hands-on experiences specific to nursing careers in middle and high school.

K-12 & Higher Ed: Academic Supports (Selected Findings)

- Intentional efforts in higher ed to help navigate the breadth and complexity of a nursing career.
- Mentoring: Access to a faculty/staff member or a student further along in the nursing program to provide support, accountability and encouragement.

K-12 & Higher Ed: Academic Supports for ELL Students (Selected Findings)

- Use of technology to facilitate language acquisition and the ability to go over the material outside of class (i.e. recorded lectures or instruction with examples).
- Use of technology to facilitate class participation so students can ask questions without being embarrassed or in a position of violating cultural norms related to questioning authority figures.

K-12 & Higher Ed: Financial Supports (Selected Findings)

- Adequate financial aid so students are not working many hours and simultaneously attending school.
- Access to consistent, high- quality child care in a safe environment.
- Financial literacy class to understand financial aid responsibilities.

K-12 & Higher Ed: Institutional & System Supports (Selected Findings)

- Access to SAT/ACT testing at the student's own high school (fees can be reduced or eliminated based on free and reduced lunch designation)
- Adjust the nursing program admissions system so that GPA is not the only, or the main, indicator.

-> Broaden the perspective of who can be successful as a nurse to incorporate the whole person and workforce diversity needs.

RECOMMENDATIONS for K-12 (Selected Items)

- Create a clear, universal degree pathway from K-12 through the higher education systems for both students AND parents to understand. (1)
- Provide professional development training for all staff to increase their cultural agility. (2)
- Provide professional development training to high school and middle school counselors on the nationally recommended college/career standards (new since 2012).

RECOMMENDATIONS for HIGHER ED (Selected Items)

- Create a Department of Minority Affairs within each nursing program.
- Embrace increasing the diversity of the nursing workforce as a priority among nursing school leadership.
- Develop a cadre of nursing school staff who are dedicated to supporting URM students.
- Add cultural agility classes to teacher training programs.

STRATEGIES to CONSIDER

- Develop opportunities to experience the real world of nursing for K-12 students.
- Provide opportunities to get individualized attention and guidance for career options.
- Utilize the existing requirement for a High School and Beyond Plan for academic and personal success.
- Improve access to wrap-around services: academic, family, social/emotional support.

STRATEGIES to CONSIDER

- Have designated, culturally agile “point person(s)” who can be a bridge between faculty, students, and the student’s family.
- Data-sharing to elevate institutional leadership and policy-maker awareness of the need to increase diversity within the nursing workforce.

STRATEGIES to CONSIDER

- Develop stronger relationship between the K-12 system and the nursing profession resulting in mentoring and hands-on opportunities for students, and to increase the understanding of guidance counselors about nursing careers and pathways.
- Leverage the focus on STEM careers in Washington state by legislators, the business community, and the non-profit sector to elevate nursing workforce diversity issues.

RECRUITMENT & RETENTION

Increasing the Diversity of Washington State's
Nursing Workforce:

Barriers and Supports in the
K-12 and Higher Education Systems

Report to the Washington Center for Nursing
through the WCN Diversity Initiative

Mary Fertakis, M.Ed. - Education Policy
University of Washington, College of Education

With Christine Espina, RN MN DNP
WCN Diversity Network Director

December 2013

Acknowledgements

I would like to acknowledge all the interviewees who voluntarily participated in this project, and contributed the insights that gave this report its depth and breadth. I especially want to thank the students and nurses who shared their personal stories and experiences in the hope that the path to attaining a nursing degree will be smoother for those who follow them.

Thank you to WCN communications staff, Olena Rypich and Maddie Maloney, for their expert assistance with editing and formatting the final version.

I appreciate the WCN Diversity Initiative Advisory Committee's input, which both validated the work and enhanced the final version.

I would also like to thank Dr. Christine Espina, WCN Diversity Network Director, whose passion for increasing diversity within the nursing profession, support for this project, and belief in its importance, provided constant inspiration. Dr. Espina's support for giving voice to every issue raised by the interviewees, and for broadening the scope of the original report to encompass the volume of information shared is reflected in the depth of the report, and is greatly appreciated.

Last, I want to thank the "readers": Maggie Baker, PhD, RN, UW School of Nursing; Jenny Capelo, MAE, RN Wenatchee Valley College; and Marianna Goheen, BS, MA, Office of the Superintendent of Public Instruction.

-Mary Fertakis M.Ed.

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EXECUTIVE SUMMARY

National recommendations have highlighted the need to increase the diversity of the healthcare workforce. Evidence indicates that increased diversity strengthens ***cultural agility**** among providers, increases health care access, and improves the care experience for racial and ethnic minority patients (Sullivan Commission, 2004; IOM, 2004). State-level efforts have sought to bring attention to the need for more racial and ethnic minorities in the health care profession (Governor’s Interagency Council on Health Disparities State Action Plan to Eliminate Health Disparities, 2010) and the nursing profession (Washington Center for Nursing, 2008; Washington Center for Nursing, 2009). The Washington Center for Nursing’s (WCN) *Master Plan for Nursing Education* (MPNE) called for focused efforts to increase diversity in nursing students and faculty (2008).

In Washington State, Hispanic and non-White persons remain under-represented among nurse practitioners and the nursing profession as a whole (Skillman et al., 2008). This is inclusive of both immigrant and U.S.-born nurses. The racial/ethnic composition in the state is projected to change as the Black, Asian/Pacific Islander, Two or More Races, and Hispanic populations increase in proportion to the total population through 2030 (Washington State Board for Community and Technical Colleges, 2009). According to the 2010 U.S. Census, Washington State ranked as the seventh-highest state with people who self-identify as American Indian/Alaska Native (AI/AN) alone or in combination (multiple race combination). Between the 2000 and 2010 U.S. Census, most counties with an AI/AN population of 100 people or more experienced AI/AN population growth (Norris, Vines, & Hoeffel, 2012). Thus, the need to prepare a competent nursing workforce that is representative of the population is critical.

Historically, Washington community and technical colleges (CC/TC) have an increasing racially and ethnically diverse student population.

High attrition rates among under-represented and minority (URM) students in nursing education have been a concern, yet there is a lack of consistent documentation for measuring these rates (Loftin et al., 2012). A number of nursing education programs are working to reverse this trend by implementing innovative strategies to recruit and retain URM students into and through nursing education. However, these on-the-ground practices need to be identified and described from a regional and state level in preparation for increasing the awareness of innovations, and for eventual dissemination and implementation.

Recruitment and retention as measurable goals is a focused approach to addressing the complex and systemic forces that contribute to the under-representation of racial/ethnic minority nursing students and faculty. Identification of the barriers that URM students experience in the kindergarten through 12th grade (K-12) and higher education systems, and the supports that are helping them to persist to attain their RN degrees is a critical first step. Integrating these innovative strategies with seamless progression through the academic program and into the first professional position as an RN across WA is the desired outcome.

*** For the purposes of this report, we’re using the term ‘cultural agility,’: the ability to adapt to cultural differences and ambiguities while being aware of your own biases, behaviors and world views. It is not about putting on someone else’s culture, but about being authentic and interacting with people from a culture other than your own in a way that is relevant and important to them (Caliguiri, 2013).**

We know that racial and ethnic minorities are under-represented in the RN workforce in the U.S., and that baccalaureate and graduate programs at U.S. nursing schools have turned away more than 75,000 qualified applicants due to limited capacity and budget constraints (*Future of Nursing Campaign for Action* website, 2013). The *Future of Nursing Campaign for Action* has a national focus to increase the number of RNs with a baccalaureate degree and to promote racial/ethnic and gender diversity in the nursing workforce.

The 2010 Institute of Medicine report “The Future of Nursing: Leading Change, Advancing Health” called for a re-visioning of how nurses are, and can be, positioned to lead in improving health care delivery for safe, patient-centered and family-centered care. The nursing workforce must be prepared to manage and care for the growing complexity of patients’ health care needs using sophisticated technology, which requires a highly skilled, competent nursing workforce. The report recommends that nurses achieve higher levels of education and training through an improved education system that promotes seamless academic progression (IOM Future of Nursing Report Brief, 2010). The goal is to increase the proportion of nurses with a bachelor’s degree or higher to 80% by 2020. Over several years, Washington State leaders in nursing policy and education have sought to collaborate around creating seamless academic progression through the baccalaureate level. In 2012, the Washington Center for Nursing was one of nine recipients of the Robert Wood Johnson Foundation’s Academic Progression in Nursing (APIN) grant aimed at creating a more highly-educated, diverse and representative nursing workforce.

This report gives voice to the real-life barriers and supports that students of color encounter in the K-12 system and higher education nursing programs. We also identify and describe some local and regional innovative strategies taking place throughout the educational pipeline. WCN partnered with the University of Washington Masters in Education Policy Program and worked with a graduate student over several quarters in 2013 to complete this report.

This report is a representation of the personal experiences gathered from 31 qualitative interviews between March and July 2013 which included faculty of nursing programs, staff serving URM students in the Washington post-secondary system, K-12 guidance counselors and family engagement staff, executive directors of non-profit organizations serving URM populations, current URM nursing students and licensed URM nurses. The intent of the report is to generate conversations on how to address the issues raised in the interviews.

Limitations to the report: The financial and structural impact that implementing these recommendations would have, are not identified. Also, the number of interviews, while representative of specific categories of stakeholders, is not large.

The two guiding questions for this project were:

1. What are the barriers under-represented and students of color experience in the K-12 system that hinder their ability to pursue a nursing degree/career?
2. What are the supports under-represented and students of color who are in the nursing pipeline need in order to persist and earn their BSN degree?

Moving Forward

The information shared by interviewees about the challenges they have experienced may not surprise those who work in the nursing or education sectors. However, the extent to which these barriers exist may not be apparent to both sectors due to a lack of intentional policy, resources, or pipeline alignment between K-12, higher education and the nursing profession. Our interviews have shown that the range and breadth of barriers that students experience are staggering. Under-represented students are experiencing academic, financial, family/cultural and system barriers across all three sectors as they try to achieve their dream of becoming a nurse.

The range and breadth of barriers that students experience are staggering.

It is the responsibility of policy makers, educators, and members of the nursing profession to develop rapport with and earn the trust of under-represented students, and those with insights into these issues. In order to move forward, challenging conversations must take place about how to eliminate these barriers and sustain the current supports that are contributing to positive outcomes for URM nursing students. Under-represented students play an important role in addressing the health care needs in our state and local communities.

The students in these interviews gave voice to their experiences, hoping that by sharing their encounters with the education system, changes would result—changes that would ease the path to a nursing degree and encourage the various faces of our population to join the nursing community. It is up to each of us to make the changes necessary so they succeed in their chosen profession.

The Washington Center for Nursing’s Diversity Initiative is committed to supporting under-represented students and nurses in the nursing education and professional experience, with the initial step to expand the mentoring network of nurses who are dedicated to promoting a more inclusive workforce.

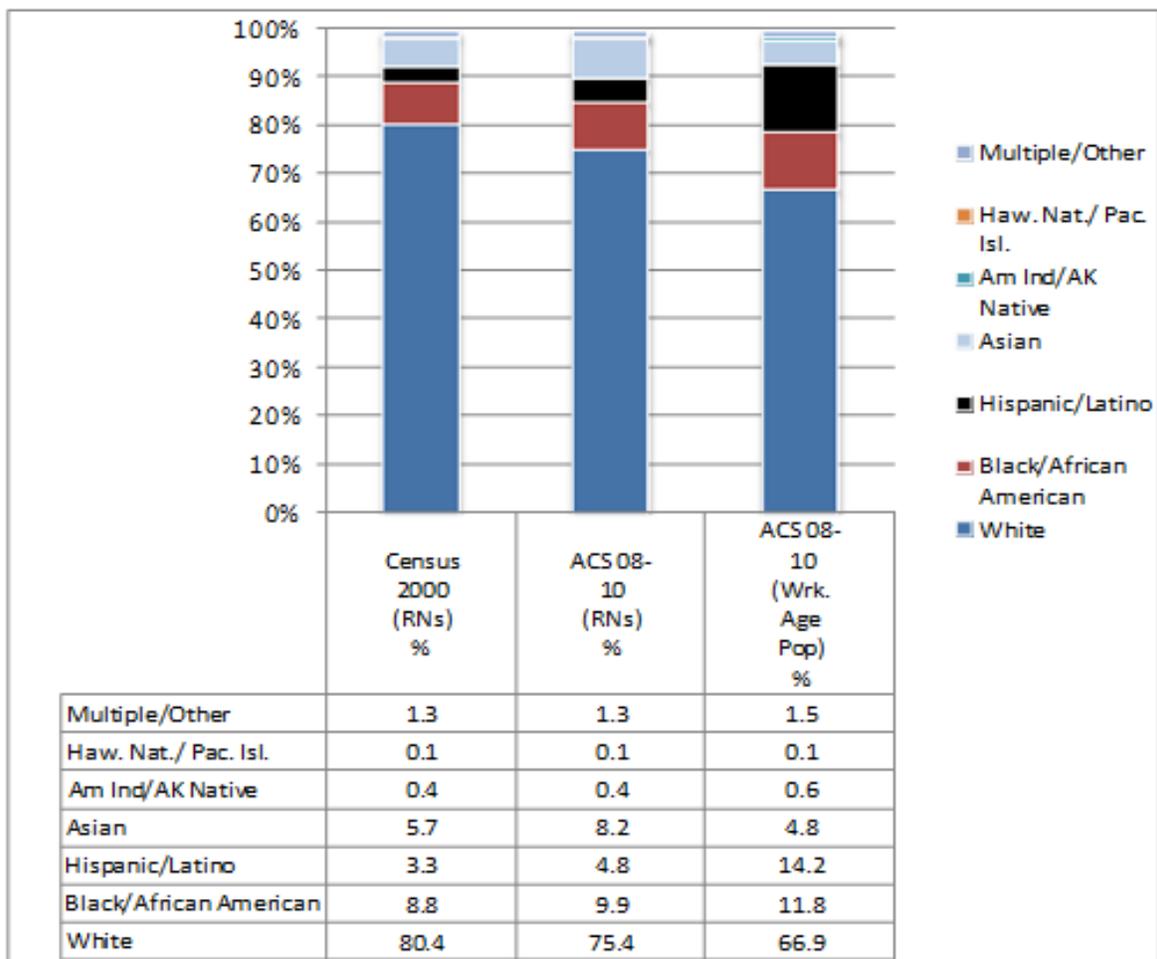
To learn more or get connected with WCN’s diversity work, please visit the WCN website at www.wacenterfornursing.org

BACKGROUND

Diversity within the nursing workforce—in terms of race/ethnicity and gender—is essential because it can improve both access and care quality for minorities and medically underserved populations (The Sullivan Commission, 2004). The highest need in the health care professions, currently, is for health care providers who are bi-lingual or multi-lingual, and have experience in bi-cultural or multi-cultural settings. This need is a reflection of the changing demographics in the United States.

Nursing has historically been dominated by white females, and as Figure 1 shows, the nursing workforce is still predominantly white. Black/African Americans, Asians, American Indian/Alaska Native (AI/AN), and Hispanics/Latinos proportions of the RN population have increased slightly in the last decade, while whites have declined in proportion, from just over 80% in 2000 to about 75% in the American Community Survey (ACS) 2008 to 2010. These increases, while positive, are not keeping pace with the demographic changes

Figure 1



Data Sources: HRSA analysis of the ACS 2008-2010 three-year file and Census 2000 Long Form 5% sample

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Figure 1 shows a comparison with the current U.S. working-age population (i.e., the population aged 16 and older) for race/ethnicity. The working-age population has a lower percentage of whites (67% vs. 75% for RNs). The RN workforce has a smaller percentage of Hispanic/Latinos, AI/AN, and Black/African Americans, and a larger percentage of Asians, when compared with the total working-age population. The percentage difference for Hispanics/Latinos is particularly notable: They compose 14% of the working-age population but only 5% of the RN workforce.

Diversity within the nursing workforce — in terms of race/ethnicity and sex — is essential because it can improve both access and care quality for minorities and medically underserved populations.

While the proportion of non-white RNs increased from 20 % to 25% during the past decade, the proportion of men in the RN workforce across all ethnicities increased by about one percentage point and is currently at 9%. Figure 2 compares the distribution of the RN workforce in the United States in urban and rural areas.

Figure 2

Residential Distribution of the RN Workforce Across Urban and Rural Areas	Urban Areas (%)	Rural Areas (%)	All Areas (%)
White	72.4	91.2	75.4
Black/African American	10.9	4.3	9.9
Hispanic/Latino	5.4	1.8	4.8
Asian	9.6	0.9	8.3
American Indian/Alaska Native	0.7	0.3	0.4
Multiple/Other	1.4	1.1	1.3
Total	100	100	100
Percent Male	9.4	7.8	9.1

Data Source: HRSA analysis of the ACS 2008-2010 three-year file

Analysis of Census data shows a small increase in the number of bachelor’s and graduate degree holders (about 5%) over approximately nine years. Currently, about 55% of the RN workforce holds a bachelor’s or higher degree. Only 34% of RNs in rural areas hold a bachelor’s or higher degree.

Nearly 28,000 RNs were awarded a post-licensure bachelor’s degree in nursing (RN-BSN) in 2011. There has been an estimated 86.3% increase in the annual number of RN-BSN graduates over just the past four years.

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The number of internationally educated nurses who passed the NCLEX-RN fluctuated significantly over the past decade (2001= 6,682; 2007 = 22,879; 2011 = 6,108). Steady increases in the earlier part of the decade were followed by a substantial decrease after 2007, immediately following the economic recession. U.S.-educated NCLEX-RN candidates, on the other hand, experienced 107.7% growth from 2001 to 2011, more than doubling their numbers by the end of the decade. This was an increase of 68,561 passing in 2001 to 142,390 passing in 2011.

These data suggest that the immigration of internationally-educated nurses may be sensitive to the effects of the macro-economic climate as well as the domestic production of nurses. There are likely to be fewer U.S. job opportunities for internationally-educated nurses as a result of the doubling of domestic production over the past decade.

The top five countries of internationally-educated NCLEX-RN passers in 2010 (most recent year available) are: The Philippines (5,188), South Korea (750), India (640), Canada (425), and Nigeria (166).

The most current Washington State data for the RN and LPN workforce (from 2010) is below the national average of 963 per 100,000 for RNs and 250 per 100,000 LPNs.

The RN Workforce, by State, per 100,000 Population State	RNs	Total Population	RNs per 100,000
Washington	56,607	6,658,052	850.2

The LPN Workforce, by State, per 100,000 Population State	LPNs	Total Population	LPNs per 100,000
Washington	8,226	6,658,052	123.5

Data Source: HRSA analysis of the ACS 2008-2010 three-year file

Looking at Washington State’s numbers, the most recent available data shows the following in comparison to U.S. statistics for RNs of color and nursing faculty of color:

Federal Race/ethnic categories	Overall U.S. Population	National RN	WA population	RNs in WA(2007)	Nursing Faculty in WA (2010)
African American	12.4%	5.4%	3.5%	0.8%	2.5%
Asian & Pacific Islander	4.5%	5.8%	7.2%	4.7%	6.5%
Hispanic or Latino/a	15.1%	3.6%	10.2%	2%	1.6%
American Indian or Alaska Native (non-Hispanic)	0.8	0.3%	1.4%	0.4%	1.6%
2 or more races, non-Hispanic	2.2%	1.7%	2.8%	3.3%	n/a
Total minority population	35%	16.8%	25%	9.2%	12.8%

Sources: Bureau of Health Professions, 2010; Seago et al., 2004; Skillman et al 2008; U.S. Census, 2009; Washington Office of Financial Management, 2010; WCN Faculty Diversity Survey, 2010.

National statistics quoted are from the U.S. Department of Health & Human Services, Health Resources and Services Administration (HRSA) report *The U.S. Nursing Workforce: Trends in Supply in Education*, published in April, 2013.

As illustrated in the chart, Washington State’s nursing workforce has yet to reflect our population’s demographics. As we begin to explore some of the barriers in place, it is important to step back and see how we are each responsible and accountable for working together to reduce these barriers, which may be difficult to recognize. We acknowledge that many people are working to transform the existing systems into more equitable health care and education systems. These barriers are complex, deeply-rooted in historical experiences, and cannot simply be attributed to “laziness” or individual choices. Our hope is to provide recognition for current on-going work, and to invite others to join the work of transformation toward more equitable systems.

“Barriers and supports among URM students in K-12 and higher education system”

FINDINGS From The INTERVIEWS

The following issues were mentioned as barriers to pursuing a nursing degree from both the K-12 and higher education systems during 31 qualitative interviews of nursing faculty, staff serving URM students in Washington State’s post-secondary system, K-12 guidance counselors and family engagement staff, executive directors of non-profit organizations serving URM populations, current URM nursing students, and licensed URM nurses.

Barriers in K-12 and Higher Education

1. Academic Issues and Perceptions

- Students will not have the foundational academic knowledge to compete for nursing program spots if they are not taking advanced classes, or are tracked into easier classes based on their URM or ELL designation (ELL specific barriers are listed separately).
- Nursing program acceptance is highly competitive, and students perceive that grades are the sole basis for admissions. In addition, students lack confidence in their skills and the ability to succeed in the K-12 or higher education school systems. They feel unprepared and worry they will fail and not be accepted into a nursing program.

Guidance counselors are unaware of the many nursing career pathways and the requirements necessary to be successful in them, resulting in students not receiving the information in the timely manner needed to apply successfully to these programs
- Students are unfamiliar with standardized tests and how to prepare to take one.
- Immigrant parents may have low levels of education or not know how to maneuver the American K-12 system. They may be unaware of the classes their children should take and how many credits they need to graduate to be eligible for higher education opportunities and prepared for a nursing program.
- Guidance counselors are not aware of the many programs, camps, scholarships and other supports for middle and high school students who are interested in pursuing a nursing degree. College & Career Specialists, an additional category of support staff at many schools, may be the individuals to help students.
- Guidance counselors in K-12 schools may also be unaware of the many nursing career pathways and the requirements necessary to be successful in them, resulting in students not receiving information that is needed to successfully apply to these programs. This can include required math and science classes, as well as the need to be involved in leadership and community service opportunities that can provide the recommendations for them.

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- Students struggle to get guidance counselors' attention because they perceive that counselors have lower expectations for URM students academically. Without the support from counselors, they do not feel encouraged to pursue their career interests if it involves taking rigorous classes.
- Students lack information about the many options possible in the nursing field and do not realize the versatility of the degree. They assume nursing is limited to working in a hospital or clinic.
- A student from a small high school in a rural and/or low-resourced community may be less prepared than his/her peers from a school in a large or suburban area which has better access to high-level preparatory classes.
- The realities of what it will take to get to college (having a plan and taking rigorous courses) are not necessarily understood.
- Students often put off taking their required, pre-requisite math classes for as long as possible, which can negatively impact the timing of their applications if they have to retake the class. The math class which causes stress for many students is statistics. The need to take developmental math classes and/or receiving low scores on placement tests like the COMPASS or ACCUPLACER has a negative effect on college completion rates.
- Some institutions will not accept an application if the student's transcript shows he/she took a class multiple times to improve the grade.
- The level of preparation students have coming into nursing programs (in academics, language/communication skills and critical thinking skills) is concerning to counselors, faculty and program directions and can contribute to the attrition rate in nursing programs. Programs are also concerned about not passing URM students and the potential legal challenges they could face if too many URM students are failing.
- Advisors are not available to help students be application-ready. Additionally, if students are not accepted into the nursing program, there is no assistance to help them prepare for the next time they apply.

There is a need for intentional advising to help students choose classes that complement and build on each other, rather than overwhelming or overloading the students with their course loads.

- The baseline score to pass the NCLEX has been raised several times in the last few years, resulting in declining pass rates on the test. Students use word-of-mouth regarding which nursing programs and clinical settings are supportive or non-supportive environments for students of color, and they make choices of where to apply based on peer information. One or a few negative experiences for an under-represented student may inadvertently hinder the diversity of a nursing program’s applicant pool.
- Academic advisors at two-year and four-year institutions are not always aware of many programs, camps, scholarships, and other supports on their campuses for under-represented students and students of color who are interested in pursuing a nursing degree. They can also be unaware of the classes necessary for the nursing career pathway. Because of this, students are not getting foundational preparation for success in these programs, and sometimes the students are receiving incorrect information that hampers their efforts.

2. English Language Learners (ELL) Student Barriers

A significant sub-set of academic barriers for URM students is related to learning the English language. The issues that emerged in interviews are as follows:

- URM students do not see themselves or their cultures reflected in curriculum, which gives them a sense that different cultures are not valued.
- The length of time some students take to become proficient enough in English to complete the pre-requisite nursing classes can be as long as three years, which contributes to quitting the path to nursing. Students can feel misled by counselors and the system when they are told it takes two to four years to obtain a nursing degree, as it often does for the dominant, mainstream student, but are not informed about how much additional time will be needed to address English skills.
- If students lack adequate math and science grades, they will not make it into the nursing program. Academic struggles among English Language Learner (ELL) students are often a language issue, not an inability to do well in math and science. Many students received instruction in these subjects at schools in their country of origin or in the refugee camps, but need the English skills to be able to show what they already know.
 - * An effect of this barrier is inaccurate student placement when students arrive at an American school. The ELL designation when English is not a student’s first language does not necessarily mean a lack of English proficiency. Many countries start teaching English in their equivalent of a U.S. middle school.
- Students may have the academic knowledge, but if they don’t have the necessary English verbal and written communication skills, this becomes a safety issue in a healthcare environment.
- Many students come from countries with significant health care needs. This perspective can impede their view of what a normalized scenario in the U.S. health care setting looks like.

- Under Washington State’s K-12 system, ELL classes are considered “elective” classes, rather than a core class where students can earn English credits. The number of ELL classes students need to take so their English skills will allow them to be successful in a mainstream class environment contributes to them not being able to take the core and high-level math and science classes they need to be admitted into, and successful in, a nursing program.
 - Because some questions in standardized tests require students to choose the “best” answer among several, or be able to identify all the correct responses within the same question, advanced knowledge of the English language is necessary for their success.
 - The academic language and vocabulary are difficult and require reading with a dictionary, or having some type of translation aid available. A student may spend several hours trying to read a chapter of a nursing text book. When reading in another language, it is hard to decipher what is important and what is not important – everything is treated with equal weight instead of having the ability to distinguish where time should be spent and on what material.
 - In order to qualify for registration in pre-requisite classes, students can potentially spend up to an additional year taking ELL classes. The amount of time spent mastering English is contingent on extracurricular activities such as work.
 - Academic writing, such as research or position papers, requires correct grammar and punctuation, which is challenging for ELL students, especially if they come from countries without a written language, or with a recently-established written language. Literacy issues contribute to struggling with math concepts when they are presented as word problems, and the practical application of them in a nursing setting (i.e. numbers and lines for taking blood pressure).
- When reading in another language, it is hard to decipher what is important and what is not important – everything is treated with equal weight instead of having the ability to distinguish where time should be spent, and on what material.
- Internationally-educated nurses who are taking classes to become licensed in Washington State are required to take the Test of English as a Foreign Language (TOEFL), language competency test, in addition to their other paperwork.

3. Financial Issues

- Students feel pressure to help support their families. They want to do something that will get them a job sooner rather than later. The four years to get a BSN seems like a very long time.
- The high costs for tuition and school expenses, and the need to work to support their families, also contributes to high attrition rates among URM students in pre-nursing and nursing.

- Students' and families' experiences of living paycheck to paycheck do not support a long-term view of the value of the degree over time (see Financial Issues, below).
 - * This results in students choosing a two-year degree, thinking they cannot afford to stay in school longer than this time period.

- When financial aid arrives, the money is sometimes used to pay rent and other bills rather than tuition and other school expenses because there is an expectation that this is the student's contribution to supporting the family.

- Students may receive significant scholarships to attend a college or university, but many of these institutions have fees and deposits that need to be paid in the spring of their senior year, and financial aid is not distributed until the fall. Many of the students' families cannot afford these fees and deposits upfront, so students are forced to decline scholarships for which they qualify.

Students look at the total cost of getting a nursing degree and decide not to pursue it, rather than looking at the potential cost offsets provided by scholarships, grants, and loans.

- Students often lack opportunities to develop and follow a budget, or to practice the longer-term planning that a budget entails.
- Students are often unaware of the importance of meeting deadlines for the Free Application for Federal Student Aid (FAFSA) submission and other application forms for scholarships, grants and loans. Students indicated that the process appears mysterious and convoluted since they are not able to see the amount of available funds. This is important because student need grants and scholarships are distributed on a first come, first served basis, so missing the FAFSA deadline impacts funding availability and options.
- Moms need to work while attending school to support their children and sometimes multiple families. Women from many countries work part-time to pay for school so there is no financial burden on their husbands or families for their education, which they are often pursuing without spouse or family support. This also increases the length of time they are in school without the family seeing the return on investment in education, which also contributes to a lack of support.
- In some immigrant groups it is expected that the person/family who relocated to the U.S. sends money to support family members in their country of origin, in addition to supporting themselves here.
- Students who are undocumented are hesitant to apply for financial aid and to fill out the paperwork required for loans even if they are eligible.
- For Muslim students, religious practice prohibits taking out an interest-bearing loan, which eliminates federal or bank loans and makes them dependent on scholarships and grants, or personal funds.
- Students look at the total cost of getting a nursing degree and decide not to pursue it, rather than looking at potential cost offsets provided by scholarships, grants, and loans. Additionally, they do not calculate

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how the salary they earn will enable them to pay off the loans.

- In some cases, refugees have to pay back the travel loans they incur for airplane tickets (\$800-\$1000 per person). It becomes very difficult for parents to support their children in school when they are working at low-paying jobs to retire these loans, make ends meet, and send money to family members still in their country of origin.
- Students will sometimes take out a short-term loan. These go to a collection agency after three months, which can hold up students' class registration, and can result in students dropping out in order to pay back the loan and because they could not register for classes. The university is obligated to collect the loan if it is federal money. This responsibility puts schools in the position of a collection agency, and is raising concerns about the interest or fee rates schools are starting to charge students.
- The cost difference between a nursing degree at a community college, technical school, or four-year institution, as well as public vs. private institutions (i.e. about \$34,000 at PLU; about \$12,000 at WSU; and \$5,000 at Highline CC) is a deciding factor for students wanting to pursue higher education. If the community or technical college does not have an RN-BSN program, and financial aid does not increase to accommodate the tuition increase at a four-year institution, it is difficult to pursue a BSN.
- If a student works during the year prior to starting a nursing program, their income level is considered too high to need financial aid, or their amount is reduced because the tax return used is from the prior year. The financial aid formulas fail to account for a decrease in income because, while in school the student might not work, or the amount of work might be reduced.
- The Expected Family Contribution (EFC) that is not covered by financial aid can be difficult to meet when a student is actually in the nursing program because it is recommended that they not work due to rigorous course loads and clinical rotation. If the student has children, but no family members to help, their child-care costs are often not subsidized.

4. Cultural and Family Issues

- Students try to balance their wants with their family's hopes, dreams, expectations, and financial needs. While parents want their children to be successful, the time and energy to provide support competes with demands of finding and keeping a job and paying bills, and expectations of family members back home to send money, leaving little time for parents to provide academic support and supervision to their children.
- Being a first-generation college student may create a feeling of isolation and ostracism. Students can lack a social network, information about how to maneuver the system, or role models within their community to talk to or emulate ("If they can do this, I can too.").
- Class simulations and scenarios may not incorporate culturally-relevant or relatable experiences for URM students, raising the issue of cultural bias in coursework assignments and test questions on both entrance exams and the NCLEX.

- * Cultural bias on test questions includes knowledge of cultural idioms, figurative language, class assumptions, and a comparison of objects seen specifically in Western culture.

For many first and second generation women from under-represented ethnic communities, it is a struggle to pursue their nursing education in the face of significant social and cultural expectations related to being a wife and a mother.

- URM students lack role models within the profession, creating difficulty envisioning themselves as nurses or in other health care careers. If they do not have family members or acquaintances in these fields, or if their primary healthcare provider does not share their cultural background, it is difficult to envision themselves in the health care community.
- In nursing schools, developing “critical thinkers” is prioritized and valued. Critical thinking can be seen as questioning or analyzing a situation or order to ensure the patient’s care is safe and appropriate. Some immigrant students may experience conflicting values in developing this skill, particularly if they are from countries where questioning authority in an academic setting is perceived as disrespectful.
- The practice of student-led conferences can put students from many cultures in an awkward position between their parent(s) and the teacher. In some countries, the position of a teacher is highly regarded, and parents want a relationship with the teacher. Parents want to hear what the teacher has to say about their student, not what the student has to say.
- Students of color are sometimes called upon in class to give “the Latino,” “the Asian,” “the Native,” or “the Black” perspective and put in a position of speaking for an entire race or ethnic group instead of being treated as individuals with their own perspectives. This was also mentioned as an issue when completing clinical rotations.
- Many immigrant parents expect their children to get an education, but the high school diploma is the ultimate goal - not going to college - as a high school diploma is more than what parents are likely to have themselves.
- Many URM families worry about their children leaving home for school and “losing” them after they leave. Students also worry about leaving the support network of their family and community.
- In many cases, if the children’s conversational skills are satisfactory, parents assume their children are fluent in English. However, students may still lack the foundation in academic English needed to do well in math and science.
- Many cultures expect children to care for younger siblings and elders, and manage the home while parents are working. The family is their first priority and responsibility. If the students are needed to provide child or elder care, they may have no choice but to skip school, miss tests, meetings, and deadlines for events such as financial aid forms and college application workshops, or they may turn homework in late. All of these can negatively impact their grades and future opportunities.

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- An impact of the above expectation for students who have undocumented parents is that the parents have very little control over their work schedules and are often exploited by their employers. If the parent has to work an extra shift, overtime, or is called in and they do not have childcare arrangements, there is a ripple effect for older students, who are expected to fill in as caregivers. Major family or community events, such as funerals or weddings in some Pacific Islander cultures can impact student attendance. They can be out of school for up to two weeks. If communication and understanding between the student, parents, and teachers are not in place, it is difficult to arrange for make-up work, tutoring on what they missed, and to avoid activating the truancy process.
- Students from many cultures are taught to respect persons who are older and in positions of authority. Questioning an individual, especially one in a position of power, is considered disrespectful. This prevents some students from speaking up in class when they don't understand something. The assumption is that the person in authority knows everything. If the student challenges or questions the professor, the student must have the problem, not the professor. In these cultures, showing disrespect for an authority figure can bring dishonor to the student's family.
 - * Related to this dynamic is that students who are undocumented have been conditioned not to draw attention to themselves, so they may try to be as invisible as possible and will often be hesitant to speak up or participate in class.
 - * While undocumented students can sometimes behave like this in the K-12 system, in order to be seen as engaged and involved in college classes, students need to speak up so they are noticed by their professors.
- Many cultures expect women to marry early, care for their husband, possibly his family, and their children, rather than pursuing a higher level of education and a nursing career.
- The impacts of historical trauma continue to affect AI/AN students and families within the education system. Historical trauma is the culmination of emotional and psychological wounding over a lifespan and across generations caused by significant group traumatic experiences (Brave Heart, 2001).
- While nursing, healing, and caring for others is perceived as a highly valuable asset in communities, and is a respected role in many cultures, nursing is still thought of as "women's work," rather than an appropriate career for men. For example, in Mexico, nursing does not pay well and requires a great deal of education. The high cost of a nursing degree and the low salary creates the perception that the nursing career is not suitable for a man. Men from hyper-masculine cultures may want to pursue this degree but feel out of place or labeled in a negative way for doing so.
 - * There is a correlation between the amount of pay one receives for a specific job and the respect level it is accorded.
 - * The "macho" and "tough guy" image in some Latino and African-American cultures also impacts perceptions of nursing as a choice for men.
 - * In many African cultures there is a hierarchy in health care professions, and some are "acceptable" (e.g. doctor, pharmacist) for a male, while others are not.

- Poverty is a factor for many URM students. Students' living conditions may make it difficult to find a quiet place to concentrate on their studies and access technology needed to do research, work on applications, or type papers. Living conditions could include: multiple generations living in a small home or apartment, transiency, living with someone not in their family, and homelessness.
- Students are also confronted with many issues for which they don't necessarily have coping skills, such as: the need for a safe space; drug and alcohol issues; death of peers; domestic violence; negative encounters related to deportation/undocumented situations; suicide; abandonment; single-parent households; lack of stability; unresolved grief; mental health issues; gang culture; food scarcity; transportation; and clothing and shoe needs. Any one, or several of these issues combined, impacts students' abilities to focus on academics.
- Cultural restraint about sharing personal issues is a common norm in many cultures. Even if counseling is available, students might not access this resource unless they have developed a strong relationship with a staff or faculty member, or until higher-level interventions in addition to counseling are needed to support them. Authority figures, such as academic faculty or staff who single out a student to talk to may mean to a student that she/he is in trouble, not that the staff/faculty want to help.
- Minority stereotypes can impede the ability of students, as well as teachers, to meet their unique, individual, academic needs. For example, one myth is that all Asian students are smart and don't need help. Another myth is that all Pacific Islanders are loud, noisy, don't care about and don't want to be in school.
- There are restrictions within some Muslim cultures related to working with and/or caring for members of the opposite sex and non-Muslim members of the opposite sex. This also means that there is a preference for a same-sex primary doctor and gynecologist, as well as a same-sex nurse.
- For students whose families own businesses, there is an expectation that they will be working at the family business when they are not in class. Parents do not understand that college-level work involves several hours of additional work for each hour of actual class time to complete the reading, research, labs, and project work.
- Based on past experiences, many students may mistrust both the education and health care systems.

5. Institutional and System Issues

- Federal law says K-12 funding stops for students when they age out at 21 years old. Immigrant students who arrive when they are in high school have a limited timeframe to acquire the required credits to meet Washington State graduation requirements and the classes required to be able to apply for college, since many have to take ELL classes first. The level of math and science necessary to do well in a nursing program can be difficult to attain within this timeframe.
- Some institutions will not accept an application if the student's transcript shows he/she took a class multiple times to improve the grade.

- While education is available to all students in the public K-12 system, undocumented students run the risk of dropping out when they realize they cannot access financial aid for higher education and their nursing program.
- Several health care professions, including nursing, require a background check for RNs to work, thus excluding those who are undocumented *and* multi-lingual/multi-cultural, from becoming or practicing as registered nurses. For undocumented workers interested in the nursing profession, this limits their ability to pursue an RN degree. Instead, they often choose other pathways, such as certification programs within health care that do not require a background check, hindering their ability to earn a family-wage job. These multi-system barriers prohibit quality nursing care to be accessible to under-represented and growing ethnic communities.
- For families coming to the United States as refugees, resettlement agencies only work with them for three to four months. After this, families are expected to manage on their own.
- Accurate data collection for under-represented and students of color is hampered by federal race and ethnic categories. While U.S. Census race categories have been expanded to include specific Asian, Pacific Island and Latino countries, this has not been adopted by the Department of Education or state education agencies as a factor in program development. Many Asian cultures are grouped under the “Asian” designation, many Spanish-speaking countries are combined into one ethnic category, and there is no way of knowing what is included in the “two or more race” category. Disaggregating the data to get a more accurate picture of what is really happening within different groups is difficult and the Family Educational Rights and Privacy Act (FERPA) regulations further restricts these efforts.
- Transition from elementary to secondary school includes multiple teachers instead of one, which increases students’ sense of detachment and often decreases the relationship with their teachers at a critical time in their development. This transition can cause students to lose faith in the school’s ability to prepare them for their future.
- Students don’t feel they are being seen as individuals with varied interests like those in the dominant group. They feel they lose individually by being grouped based on race/ethnicity, and/or language skill level.
- There is a correlation between health disparities and educational achievement disparities for children in poverty across all races and ethnicities. Research shows a higher number of school nurse visits by children in poverty than their better-resourced peers (Fleming, 2011). Access to preventive and regular health care from infancy on, like early screening for vision and hearing that directly impacts a student’s ability to learn, must be addressed.
- The current expectation is for students to fit into the existing education system instead of changing the system to respond to the changing demographic of students who are entering it.

- The focus on diversity and cultural agility (individual-level focus), instead of class and privilege (societal level focus), detracts from addressing the larger systemic issues contributing to the significant underrepresentation of students of color in higher education.
- The use of placement tests or exam questions that have not been reviewed for cultural and language biases presents barriers for students of color in the education system.
- There are few, if any, unique financial incentives to assist in recruiting and retaining nurses of color to serve as nursing faculty because faculty salaries compete unfavorably with clinical salaries, which are much higher.
- Faculty may not be representative of the students in their classrooms, and efforts to bring in URM adjunct faculty to do workshops and teaching, as well as to be role models for students, has been hampered at some institutions by union contracts.
- A school's retention rate is a factor in their reputation. If schools place students who might struggle in difficult classes, the chances of dropping out increases. Because of this, students of color often find themselves tracked into classes or fields where they will presumably be more successful.
- Some campuses are not perceived as "welcoming" to URM students in the institutional environment. For example, food available on campus is Euro-American, or there is not a designated place for students to pray.
- Only a few programs offer evening or night class options for required nursing classes to accommodate students who work while in school.
- Most nursing programs have a yearly application and acceptance timeframe. If a student is not accepted, he/she is likely not to apply again in order to secure employment. Students felt that a year is too long to wait to apply again.
- Class simulations and scenarios may not incorporate culturally-relevant or relatable experiences for URM students, raising the issue of potential cultural bias in coursework assignments and test questions on both entrance exams and the NCLEX.
- There is a high demand for nursing and limited capacity in nursing programs, leaving hundreds of applicants from all groups rejected from their schools of choice.
- Students have experienced difficulty within their clinical placements because staff nurses objected to working with someone who has an accent. Students have been told that their preceptors and co-workers claim they cannot understand what they are saying.

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- Many health care professionals may assume that if a URM student comes from a specific country or speaks a specific language that they can function in the role of medical interpreter for a nurse or doctor. They are expected to be able to speak on behalf of an entire ethnic or language group, and if the students are unwilling or feel uncomfortable doing so, then they are perceived as difficult, un-cooperative, and perhaps “non-compliant.” There is a general lack of understanding of the diversity that exists within a culture as well as the diversity that exists between cultures.
- Inconsistency in clinical rotations throughout the school year present challenges to students. Clinical rotation schedules change every few weeks which leaves limited time for students to plan in advance for, or to find, childcare or transportation to the different sites, or adapt their work schedules to meet education requirements. URM students may have increased challenges with supporting and accommodating these unpredictable changes due to limited social capital or networks.

Supports in K-12 and Higher Education

The following items were mentioned as supports and current innovative strategies to pursuing a nursing degree from both the K-12 and higher education systems during 31 qualitative interviews with faculty of nursing programs, staff serving URM students in the Washington state post-secondary system, K-12 guidance counselors and family engagement staff, executive directors of non-profit organizations serving URM populations, current URM nursing students, and licensed URM nurses.

A comment was made in the interviews that there are many programs and supports to help students get into college, but not a lot of programs to help students once they are in college. The intent of this section is to provide some examples of programs, supports, and activities that have had a positive impact on URM students in high school, and which are helping them to persist once they are in college.

The supports in this section are examples of what is currently going on. However, more investigation needs to occur to understand the sustainability of these programs and long-term impacts of these supports on students and ultimately communities of color.

Supports in K-12

1. Academic Supports

- Dual-credit college prep classes in high schools offering a nursing focus in science and Career and Technical Education (CTE) help students prepare for a nursing career.
- For ELL students entering the U.S. school system at the secondary level, providing instruction in math and science in their native language. Many of them have had some type of school experience in their country of origin or in the refugee camps, so this allows them to start from where they left off with content while they are learning English.
- Before and after school programs provide homework help and other academic supports, as well as a safe place with structured activities.

Dual credit, college prep classes in high schools offering a nursing focus in science and CTE (Career and Technical Education) help students prepare for a nursing career.

- Nurses visiting schools and presenting information about their jobs can introduce students to the different kinds of nursing opportunities and let students know nurses work in a variety of care settings.
- Career Link, a high school completion program, helps older students (ages 16 - 21) receive their diplomas so they are eligible for federal financial aid (students must demonstrate their “ability to benefit” to receive aid and this requires either a high school diploma or GED). Students receive high school and college credit for completing this program in the Highline School District and at South Seattle Community College.

“Barriers and supports among URM students in K-12 and higher education system”

- Access to and use of technology helps with academic and communication issues.
 - * Recordings of lectures (Tegrity), or Podcasts and Webinars, and Power Points with notes allow ELL students to access class information to go over the material and fill in gaps.
 - * Google Docs for group projects so that students do not have to be in the same place to do their work which helps with family and work schedules.
 - * GoPost as a way to communicate what students are thinking during class rather than speaking up in class if they feel uncomfortable.
 - * Canvas has the capability for students to use voice submissions – oral rather than written – for assignments.
- Examples of completed assignments and study guides help students identify important concepts. Inviting students to write out questions and turn them in at the end of class or to use email to submit questions promotes a non-threatening environment.
- School-based nursing and health profession programs that are incorporated into the school day and science and health curriculums. An example that was offered to 300 middle and high school ELL students in the Seattle School District was the *Cross Cultural Education in Public Health* curriculum developed through a grant from the Robert Wood Johnson Foundation. This six-week long class allowed students to learn about health professions, infectious diseases, nutrition and healthy living, public health, and cultural agility in public health. The class was followed by a career fair with many different health professions present and represented by a URM individual in that career path. Despite the effectiveness of the curriculum, which was confirmed by a professional evaluation process, the class was not continued after the grant was finished because of budget constraints in the school district.

2. Cultural & Family Supports

- Incorporating students’ cultures into class activities provides for a more relevant and meaningful learning experience.
 - * Provide time at the beginning of a class for students to do presentations about their country of origin
 - * Have a culture day incorporating a potluck and dancing.
 - * Show videos depicting different cultures in daily life or during special events/celebrations.
- Family liaisons who do outreach and engagement can bridge the gap between home and school for non-native English speaking families, instead of expecting parents to reach out to the school first
 - * Natural Leaders is a Washington State program that helps non-native English speaking families connect with their child’s school.
- Parents want their children to be successful academically – the issue is helping them know how to support their children to be successful.

3. Institutional and System Supports

- Providing opportunities for middle and high school students to explore nursing opportunities and have hands-on experiences that replicate the real world. For example:
 - * Culturally-relevant summer nursing camps for high school students. Several excellent examples are the 12-day *Na-ha-shnee* (for AI/AN students) and *Creating a Nursing Pathway* (for Latino students from Spokane, Yakima and the Tri-Cities) camps at Washington State University (<http://nursing.wsu.edu/Media-Dashboard/News&Media/Nahashnee-Camp.html>), and the 5-day UW - Seattle summer nurse camp for URM students (<http://nursing.uw.edu/about/diversity/dawg/nurse-camp-2013.html>). The *Na-ha-shnee* program has been in existence for 17 years, and about 85% of the AI/AN students who participate go on to college – not all go into nursing programs, but they are continuing on a post-secondary education pathway.
 - * Partnerships with high schools to provide instructors or technical support for nursing or health care course, such as the sports medicine program at Kentlake High School in partnership with Renton Technical College.
 - * Summer internship programs to get students into local hospitals and health care facilities.
 - * A field trip for high school students to a Nursing Assistant program at a Regional Skills Center.
 - * Visiting the labs or an operating room at a technical or community college.
 - * Nursing internship programs, such as a partnership that started with URM Mercer Middle School students and the VA Hospital, and which continued for seven years as the students attended Rainier Beach, Franklin, Cleveland, Garfield, Roosevelt and Chief Sealth High Schools. Students worked at the hospital and received a small salary, had access to the VA career counseling services and learned about many areas of nursing. Approximately 20% of the 49 students in the internship are currently in health care and almost all of them went on to post-secondary education. When the program coordinator at the VA retired, the internship program was not sustained.
 - * While this did not emerge from interviews, another example of a summer nursing camp is Nurse Camp at MultiCare Health System for high school students, based at Tacoma General Hospital. The camp completed its tenth year in 2013, and had 100 high school participants go through hands-on station rotation, job shadowing, operating room experience, emergency department experience, college campus visits, a college fair, a culminating project, and graduation.
- Bi-lingual instructional assistants provide support, one-on-one or, small group instruction in math and science classes.

- Career Fairs with a focus on a specific ethnic groups with speakers from those ethnic groups, help students envision themselves in nursing.
- Providing opportunities for students to get individualized attention and guidance in thinking about career options, doing the paperwork for college applications and how to plan for academic and personal success, such as:
 - * Partnerships with a local community college to establish an Upward Bound program to help URM students make a plan for their future and how to overcome the obstacles to get into college (South Seattle Community College: <http://www.youtube.com/watch?v=mZLPCpZErjU>)
 - * TRiO Talent Search provides help with finding financial aid, writing personal statements and scholarship applications, workshops on how to get into college, and career pathway information (through community colleges).
 - * The College Success Foundation connects with students through their school-based staff in several middle and high schools in the Seattle, Highline, Tacoma and Yakima school districts. The districts pay part of the cost and students have opportunities for internships, mentors, help with resumes and developing interviewing skills in grades 6-8 and 10-12.

Higher Education Supports

1. Academic Supports

- Using a cohort model in nursing programs helps students develop relationships and support systems.
 - * Creating cohorts according to age and life experience (those who are older, returning to school after a break, coming into the program from a different career, or who are fresh out of undergrad) creates continuity within the cohort (the Seattle University model).
- Intentional efforts to help students navigate the complexity and breadth of nursing care and career options in the U.S. clarifies the variety of opportunities within the field.
 - * Incorporating social justice principles into program curriculum and pedagogy creates an environment of equal participation.
 - * Writing Centers with student volunteers (English majors) who tutor and check papers for grammatical errors, help students who are learning English. (Highline Community College)
 - ◇ South Seattle Community College has a tutor who works specifically with nursing students.
- The Health Care Discovery class exposes students to different careers within the health care system; introduces them to medical terminology and HIV awareness; provides CPR training; provides vaccinations for students; completes background checks for students; and provides opportunities for students to make phone calls to get medical information.
 - Because this is a class for college credit, it allows the students to get their CPR training, vaccinations and background checks done for free, eliminating additional costs for students

and allowing them to complete necessary steps as a part of their nursing program application process. (South Seattle Community College)

- The Health Care Pathways Bridge class supplements the pre-requisites classes and teaches students: how to interview and communicate; how to do presentations; and how to work in a team. The Health Care Pathways Bridge class is also set up using a cohort model. (South Seattle Community College)
 - * The top 15 in the cohort are granted conditional admittance to the nursing program (conditions include >3.0 GPA in their core classes and successful completion of spring quarter classes).
- When nursing program staff monitor students weekly, students are encouraged to stay on top of emerging academic issues. (South Seattle Community College)
- Providing math supports through a math lab and on-line or in-person tutoring helps students access support anywhere. (South Seattle Community College)
- Assessing general assignment questions helps eliminate cultural biases. (Tacoma Community College)
- ATI Program (on-line, standardized test predictor of N-CLEX success) is being embedded into the curriculum rather than being a stand-alone tool. This allows students to learn how to take the test and for ELL students to repeat the material for practice. (Tacoma Community College)
- StatWay is a math package designed to help students complete the community college math sequence in one to two quarters, rather than prolonging it, which can lead to discouragement. (Tacoma Community College)

2. ELL Student Supports

- Integration of basic skills (reading, writing and math) into the nursing program curriculum helps ELL students transfer knowledge learned previously in their first language, to knowledge in the English language. (Renton Technical College).
- Offering the iBEST model (tutorial for English and Math) through a tutor who works with nursing students on building vocabulary, pronunciation and confidence in speaking, or, incorporating the iBEST model into class curriculum and engaging students as peer helpers, gives ELL students extra, needed support. (Renton Technical College and South Seattle Community College).
- The Reading Apprenticeship program teaches students how to read for concepts, not just the words on a page. It uses exemplars and ties content to context to facilitate developing problem-solving skills. (Renton Technical College)

- Using competency-based/standards-based coursework and testing, and starting with lab classes, gives students feedback right away and in an on-going manner, which lets them know what to work toward. Traditional practice has students figure things out independently, which can lead to confusion and discouragement.
- Minimizing lecture-style classes, putting more emphasis on group work, and using hands-on experiences gives ELL students opportunities to understand by doing, rather than just by listening. Renton Technical College developed 30 scenarios that will be an open-source product for all nursing programs and hospitals in Washington State and nationally through a grant from the Washington State Workforce Development Board. The material will eventually be housed at the University of Washington, but is currently accessible through the www.pnwhsc.org website.
- To address the aging-out issue, ELL classes are offered for free until just below the college proficiency level (South Seattle Community College)
- ELL students benefit from tutoring in English, Math, Biology and some Chemistry. (South Seattle Community College)
- Access to and use of technology helps with academic and communication issues.
 - * Recordings of lectures (Tegrity), or Podcasts and Webinars, and Power Points with notes allow ELL students to access class information to go over the material and fill in gaps.
 - * Google Docs for group projects so that students do not have to be in the same place to do their work which helps with family and work schedules.
 - * GoPost as a way to communicate what students are thinking during class rather than speaking up in class if they feel uncomfortable.
 - * Canvas has the capability for students to use voice submissions – oral rather than written – for assignments.
- Putting ELL students onto a career course track while they are doing their remedial classes supports persistence and a higher rate of classwork success. (Tacoma Community College)
- Providing NCLEX-style questions as a part of class work exposes students to the test questions and format ahead of time.
- English language translation dictionaries and thesauruses help students navigate their class assignments.

3. Cultural and Family Supports

- Incorporating students' cultures into class activities provides a more relevant and meaningful learning experience.
 - * Provide time at the beginning of a class for students to do presentations about their country of origin.
 - * Have a culture day incorporating a potluck and dancing.
 - * Show videos depicting different cultures in daily life or during special events/celebrations.
- Nursing skills are highly respected and considered a desirable career in many cultures.
- Developing relationships with the religious/spiritual leaders in ethnic communities helps build an understanding about requirements for the nursing profession (i.e. styles of uniforms vs. traditional dress).
- Students who have struggled themselves want to help those who are following them so that their successors will have an easier path.
 - * A mentor of color (faculty member or a student who is further along in the program) can offer culturally-appropriate support, encouragement, and accountability.
- Designated grant money that allows the college to connect with community members can inform the college of how to effectively reach out to specific ethnic communities. (South Seattle Community College)

4. Financial Supports

- Receiving adequate financial aid would allow students to focus on school, instead of splitting their time between work and their studies.
- The salary a nurse makes is high enough to be able to pay off the debt incurred to earn the degree – students just need to understand how the numbers work to support them being able to do this. Access to a financial literacy class or a counselor showing them the debt/salary ratios can help them with this.
- Some institutions offer scholarships to undocumented students so they do not need to apply for loans which require a Social Security Number. This allows them to attend an undergraduate program where they can complete their nursing pre-requisites. However, current immigration policy makes it impossible for them to pursue a nursing degree because of the background check that is required.
- The Fund for Excellence (UW-Seattle) provides assistance for students who get into financial difficulties, and helps them bridge funding gaps for their education.
- Scholarships and grants cover most, if not all, of college expenses.
- Scholarships are available once a student has their RN degree to be able to earn their BSN degree. (UW-Bothell)

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5. Institutional and System Supports

- Intentional efforts to help students navigate the complexity and depth of nursing care in the U.S. demystifies the process and encourages application.
- Officially designated student organizations/clubs provide affinity groups for students in these areas:
 - * Culture
 - * Language
 - * Degree
 - * Interest
- UW-Bothell, Bellevue College and the University of Lyon partner to bring Spanish-speaking nurses to the U.S. and streamline the licensing process they need to go through in order to work here.
- Institutions that provide support services help first-generation students feel confident about their ability to be successful.
- Some institutions have implemented programs dedicated to increasing the enrollment of URM and undocumented students, and are undertaking intentional efforts to recruit from this demographic.
- Ensuring that a counselor for each under-represented ethnic group is on staff provides specific support for each student. (UW – Seattle, Academic Center)
- The UW-Seattle established an ethnic Culture Center to provide social supports for URM students.
 - * A new addition will be for AI/AN students to have a hall similar to a longhouse.
- Mentors of color from the faculty or students of color who are further along in their program provide encouragement and accountability.
 - * Nursing fraternity (Delta Iota Chi) at Pacific Lutheran University is starting a mentoring program for underclassmen in the nursing program.
- Designation as an AANAPISI (Asian American, Native American, Pacific Islander Serving Institution) college encourages URM students to apply. This federal grant provides scholarships and funding to develop programs and hire staff to support the specific needs of these traditional URM students.
 - * South Seattle Community College Example: <http://www.southseattle.edu/programs/aanapisi/>
 - ◇ Hired two Cultural Specialists (written into the grant) to work with faculty on adapting the current curriculum to be more culturally relevant to Southeast Asian and Pacific Islander students. This work is taking place across disciplines in English, Math, Biology and Psychology classes.
 - ◇ Hired two Educational Planners (academic advisors who specialize in professional, technical and transfer student issues) who have an understanding of the various cultures and take a culturally appropriate perspective in how they advise students and how students are supported in their education path.

- ◇ Videos such as “Samoan Youth: Ensuring our Success” (<http://www.youtube.com/watch?v=SAFYJnbJHZY>) are created to educate people about the culture and students’ needs.
 - ◇ Incorporated the family into as many aspects of their student’s education as possible and worked to integrate the family, community and institution.
- Student clubs that provide opportunities for students to share their cultures let students know that they don’t have to leave their cultures behind in order to be successful in school.
- Implementing a lottery system for nursing program admissions rather than a GPA-only-based admissions process can increase the diversity of a program.
 - * Highline Community College started its lottery in 2010 and allows those with an average GPA of 3.5 or higher in the nursing pre-requisite classes to be entered.
 - * Tacoma Community College also uses a lottery.
- Implementing a rolling admissions process, rather than just a once-a-year fall entry would garner more applicants from various backgrounds. (Highline Community College and Tacoma Community College)
- While this did not emerge in interviews, another example of an innovative strategy is to allot points towards admission for proficiency in a second language other than English when processing and prioritizing applications for admission. (Yakima Valley Community College)
- Having a speaker come to talk with students about continuing their nursing education can encourage students to pursue their BSN degree. (South Seattle Community College)
- Employing or designating a staff member who functions as a “one-stop” source of information about nursing programs, requirements, types of supports, and referrals when students want to talk to about specific issues/needs, helps guide students through the process. Having this staff member also function as a cultural “translator” or “mediator” between students, college faculty, and other staff (i.e. “What they mean is...”) can disbar communication issues. (Everett Community College)
- “Peer navigators” who have taken nursing classes can mentor students, as well as attend orientations and meetings to make connections with students to build relationships and answer questions. (South Seattle Community College)
- The Welcome Back Initiative for international students takes into account prior education and experience to fast-track international students into and through the nursing program so they can be licensed. (Highline Community College)
- Offering an independent study option gives students who are working or caring for families more flexibility and a better chance at completing the program.
- An early learning/daycare center on the institution’s campus provides support for students with children. (Tacoma Community College)

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- Counseling services for personal issues and connecting students to needed services supports the emotional needs of URM students. (Tacoma Community College)
- A strong advising system with an advisory “dashboard” containing an education plan for each student can help keep students on track. This can be reviewed by an advisor and flagged with any early alert concerns from classwork and transcripts. (Tacoma Community College).

Recommendations for K-12

1. Academic

- Provide enhanced training for guidance counselors & College/Career Specialist about:
 - * The classes needed to successfully prepare for a nursing career.
 - * The large number of options within the nursing field that students can choose to pursue.
 - * The components of a nursing school application, which include math and science classes as well as leadership and community service opportunities so they can get the recommendations needed for their applications.
- Give presentations in both middle and high school by nurses of color that cover the variety of jobs available if one has a nursing degree. Include the salary schedule for these jobs so students can see this is a living-wage profession with opportunities for career advancement.
- Provide opportunities for students and parents to access college fairs, college resource fairs, career fairs, and college/FAFSA application assistance events for specific ethnic groups to ensure focused attention.
- Increase collaboration between health care professions and K-12 schools to support activities such as school visits and the promotion of the sciences and science careers.
- Establish an academic, on-line “early warning system” for students in nursing pathways that triggers a “follow-up” with the student to determine what type of assistance is needed before the problem becomes overwhelming.
- Expand access to and use of technology to help with academic and communication issues.
 - * Recordings of lectures (Tegrity), or Podcasts and Webinars, and Power Points with notes allow ELL students to access class information to go over the material and fill in gaps.
 - * Google Docs for group projects so that students do not have to be in the same place to do their work which helps with family and work schedules.
 - * GoPost as a way to communicate what students are thinking during class rather than speaking up in class if they feel uncomfortable.
 - * Canvas has the capability for students to use voice submissions – oral rather than written – for assignments.
- Provide extended testing time for ELL students.

Increase the cultural agility, skills, and awareness of all school staff with intentional professional development at the district level, and add cultural agility coursework to teacher training programs.

2. Cultural and Family

- Provide role models and hands-on opportunities to see what nursing entails. URM students need to see people of color in the nursing profession, and have the opportunity to see the work settings of these professions.
 - * Field trips
 - * Nursing programs
 - * Summer camps
- Increase the cultural agility, skills, and awareness of all school staff with intentional professional development at the district level, and add 'cultural agility' coursework to teacher training programs . Many educators do not understand what students are struggling with due to lack of support in their personal, home, and academic lives.
- Expand and provide sustainable funding for culturally-relevant summer camp experiences for URM high school students. Camps provide hands-on-nursing experiences, the ability to talk with nurses about their careers, and networking opportunities for students from different schools and backgrounds who share a common career interest.
 - * These programs need to be embedded into the curriculum so their continuation is not subjected to non-renewal of grant-funding or budget cuts because it's considered an "enrichment program" or "add-on."
- Ensure school district presence at ethnic community and cultural events to connect with students and parents in their neighborhoods and communities.
- Ensure students see their cultures, and therefore themselves, represented in textbooks, class projects, and classroom materials.
- Create student clubs that provide opportunities for students to share their cultures and know that they do not have to deny or leave their cultures behind in order to be successful in school.

3. Financial

- Provide a financial literacy class for both students and parents to help them understand college tuition and associated expenses, how scholarship and grant monies offset tuition and associated expenses, and how to make and follow a budget.
- Allow students to waive any fees or deposits associated with attending that institution until the fall when their financial aid is available.

4. Intuition and system

- Create a clear pathway from graduation to the degree they want to attain. The progression should make sense to both students and parents. Students should know exactly what they need to do to earn a BSN, and students and parents should have this information by 8th grade so they can be taking the correct classes beginning in their freshman year of high school.

- Standardize application forms for nursing programs – like the college “Common Application” - so students and their families only have to work with one system.
- Provide opportunities for students to complete dual-credit high school and college classes that meet both math and science requirements for high school graduation and nursing prerequisites.

Recommendations for Higher Education

1. Academic

- Have a speaker come in during class time to talk with students specifically about continuing their nursing education to get a BSN degree as an intentional recruitment tool.
- Establish an academic, on-line “early warning system” for URM nursing students that triggers a “follow-up” with the student to determine what type of assistance is needed before the problem becomes overwhelming.
- Increase access to and use of technology which helps with academic and communication issues.
 - * Recordings of lectures (Tegrity), or Podcasts and Webinars, and Power Points with notes allow ELL students to access class information to go over the material and fill in gaps.
 - * Google Docs for group projects so that students do not have to be in the same place to do their work which helps with family and work schedules.

2. Cultural and Family

- Provide access to URM mentors and role models for encouragement, support, and networking.
- Increase the cultural agility of all faculty, with intentional professional development at the department and institution level. Many educators do not understand what students are struggling with due to lack of support in their personal, home, and academic lives.
- Provide on-going opportunities to learn about other cultures as a part of the nursing curriculum. Cultural awareness will help the students interact with each other and their patients which will transfer into their professional careers.
- Engage the family in their student’s college experience by creating a PTA-like experience for post-secondary institutions. Many cultures are family-centered and by engaging the whole family in the college experience, they can better understand their student’s needs and obligations. Creating a family connection also informs family members of the many opportunities that are available for financial aid, work study, and advising.

Look at the “whole person” in the application. Consider multiple factors in the application such as what the data shows in terms of workforce and demographic needs.

- Ensure there is a higher education institution presence at community and cultural events to connect with students and parents in their neighborhoods and communities.
- Create a Department/Office of Minority Affairs within the nursing schools, or hire staff whose function within the nursing school is to focus on supporting URM students.

- Provide opportunities to network with other URM nurses and to discuss issues that they are encountering and possible ways to address them as a collective voice. Use social media (i.e. Facebook group page) to create an online community of support.
- Create student clubs that provide opportunities for students to share their cultures and know that they do not have to deny or leave their cultures behind in order to be successful in school.

Creating a culture of “who can be successful as a nurse” instead of “who has the best grades for admittance to the program,” encourages the selection of a diverse group of applicants.

3. Financial

- Incorporate financial literacy tools and practices into all counseling and advising.
- Provide classes that incorporate nursing application requirements such as CPR training, current immunization records, and background checks so that the costs of these items are covered as a part of the class and are not additional expenses for students.

4. Intuitional and system

- Standardize application forms for nursing programs – like the college “Common Application” - so students and their families only have to work with one system.
- Allow students to waive any fees or deposits associated with attending that institution until the fall when their financial aid is available.
- Create a staggered application and acceptance process that facilitates students being able to apply to multiple nursing programs at multiple times throughout the year.
- Look at the “whole person” in the application. Consider multiple factors in the application such as what the data shows in terms of workforce and demographic needs.
- Streamline the process and create a clearer pathway so students know exactly what is entailed to earn a BSN.
- Offer evening and night classes for required nursing program classes.
- Allow students to submit their highest grades from their transcripts in the pre-requisite classes on their applications, rather than penalizing them for taking a class more than once. This is currently allowed for students who take the SAT when they submit their college applications.
- Employ or designate a staff member who functions as a “one stop” source of information about nursing programs, requirements, types of supports, and referrals when students want to talk to about specific issues/needs, to help guide students through the process. Having this staff member also function as a cultural “translator” or “mediator” between students, college faculty, and other staff (i.e. “What they mean is...”) can disbar communication issues. (Everett Community College)
- Continue social and professional support after graduation and during the first two years in the workforce.

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- Expand academic, practical, and emotional supports for URM nursing students via a regional level “Retention Specialist” through RNB program completion. This “Retention Specialist” position might serve as a link among students, educators, and employers. The position could be shared by practice and education in a region and housed in a neutral organization, such as a Workforce Development Council.
- Provide extended testing time for ELL students.

CONCLUSION

Eliminating the barriers URM students face when pursuing a nursing career can ultimately increase the quality of care we can provide for our communities. This report was issued in response to research that shows the need for a nursing population that matches its patient population. When nurses understand and come from the community they are serving, we have a better chance at attaining an equitable healthcare system.

One strategy to work toward health equity is to improve the cultural and linguistic agility and the diversity of the health-related workforce (U.S. Department of Health & Human Services National Partnership for Action, 2011). There is growing national interest in understanding how nursing workforce diversity, health disparities, and the social determinants of health are inter-related (U.S. Department of Health & Human Services HRSA, 2012). The World Health Organization defines the social determinants of health as “the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. The social determinants of health are mostly responsible for health inequities—the unfair and avoidable differences in health status seen within and between countries” (WHO, 2013). As health care providers and leaders, the nursing workforce is positioned to see beyond the formal health care delivery system and lead in addressing underlying social determinants of health that structure health inequities (Lathrop, 2013), to collaborate across sectors and professions to promote transformative K-12 and higher educational policy, and advocate for a more diverse nursing workforce.

APPENDIX A

General Summary of the Literature on ELL Nursing Students (Compiled by Julie Benson and Rebecca Callahan, Tacoma Community College)

Language Strategies:

1. Using a vocabulary notebook or note cards with all words that are unfamiliar builds a strong vocabulary.
2. Listening to a lecture several times helps students go back to key areas they missed. (Students can access Tegrity or should be allowed to tape class.)
3. Provide lecture outlines or handouts to help students follow along during the lecture.
4. Explaining the content the student learns helps solidify understanding
5. Learning in their native language can bridge the gap between learning in English.
6. Studying aloud or presenting content to family/friends who speak the student's language helps build English language proficiency. Also, encouraging family and friends to ask questions gets the student thinking critically and using different words in English.
7. Using English at home as one of the primary languages is shown to have a positive impact on a student's ability to successfully learn the language.
8. Provide an English Language translation dictionary to help bridge the gap between the student's home language and English. Studying with a medical dictionary or thesaurus can also help a student familiarize themselves with the language.
9. Gradually introduce oral contributions to class to help the students to feel comfortable speaking English in front of their peers. Pair-share is a great technique that gives students the opportunity to first practice sharing with a partner because talking in front of the class.
10. Provide advanced notice for oral presentations to help students mentally prepare for speaking in front of their peers. State their name before they will present or give the students numbers with an order on the board.
12. Use role play to promote learning by helping the students make meaningful connection to content.
13. Record simulated patient reports which allows students to listen to them multiple times in order to help them develop listening skills.
14. Provide a standard form for taking verbal reports to help students identify and organize important information.

15. Use groups that are as small as possible (three is a great group size for the classroom), to keep students' stress at a minimum and allow them to make more contributions.
16. Create mixed-ability groups that puts stronger students with weaker students. Both groups of students learn by teaching their peers and by being taught by their peers.
17. Create a hand-out of the components of an effective study group to help students navigate the seemingly independent nature of studying.
18. Use a clinical evaluation tool to assess clinical communication skills.

Active Educational Model:

1. Make expectations clear. Explain what active learning is and the role students play in their own learning.
2. Have the writing and tutoring center staff attend class to reinforce active learning.
3. Set up peer mentors (buddy system). This helps with English immersion in social settings.
4. Have students locate specific topic information in their text book (think about using a case study approach and reference text book).
5. Provide examples of completed assignments and study guides to identify important concepts.
6. Invite ELL (all students) to ask questions, having them practice with a classmate or an adviser in order to gain confidence.
7. Have ELL (all students) write out questions to turn in at the end of class or use e-mail to submit questions (make non-threatening environment).

Test Taking:

1. Utilize concept maps (mind mapping) when presenting new information (students can learn to create their own maps). Students can use the ATI Concept Maps to facilitate this process.
2. Form study groups (see feedback on groups above). Members of the study group should divide the material to be studied so that each participant provides both an oral and written summary.
3. Provide extended testing time if possible.

4. Provide alternative testing setting for ELL students
5. Provide NCLEX-style questions in class setting.
6. Allow use of a bilingual dictionary for students who are building skills.
7. Teach students how to take multiple choice tests, dissect and analyze test items.
8. Assign test questions weekly.
9. Provide additional practice for psychosocial questions and work with a tutor as this content is culturally based.
10. Develop expertise on how to avoid both structural and cultural bias in test questions.

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DATE: September 11, 2014

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

FROM: Emma Medicine White Crow, Chair

SUBJECT: **UPDATE—HEALTHIEST NEXT GENERATION**

Background and Summary:

At our February 12, 2014 meeting, the Council adopted childhood obesity disparities as a priority and expressed a strong interest in aligning its work with Governor Inslee's Healthiest Next Generation initiative.

The Healthiest Next Generation initiative's goal is to help children maintain a healthy weight, enjoy active lives, and eat well by creating healthy early learning, school, and community environments. The Department of Health, Department of Early Learning, and Office of Superintendent of Public Instruction have formed a cross-agency team to lead the efforts.

The cross-agency team started by identifying strategies already working in communities across the state. They reviewed the strategies carefully to determine whether some had enough evidence to suggest they should be promoted statewide. The team then developed recommendations and presented them at the Healthiest Next Generation Steering Committee meeting on September 8. The recommendations will ultimately go to the Governor's Council for the Healthiest Next Generation for its consideration on September 18.

The Health Disparities Council is partnering with the Healthiest Next Generation initiative to ensure that health equity is being considered and that its recommendations will ultimately work to reduce and not perpetuate disparities. Following is a list of the ways we have contributed to this effort:

- Shared past Council recommendations, including those to reduce obesity disparities from our 2010 State Action Plan to Eliminate Health Disparities.
- Contributed three briefing documents developed by Council staff, Sierra Rotakhina, to inform the cross-agency team's work:
 - Summary of childhood obesity disparities data
 - Summary of evidence-based and promising practices to reduce disparities and promote healthy weight in children
 - Summary of current policies and practices around nutrition and physical activity in schools

- Assisted with the collection of success stories and other community input related to promoting healthy weight in children and reducing disparities, including input shared during public testimony at the Council's May 2014 meeting.
- Convened an equity review group made up of 14 representatives of communities of color and other health disparities experts to review and provide feedback on draft documents developed by the cross-agency team as follows:
 - Reviewed the compilation of success stories received by the cross-agency team (August 18-22).
 - Reviewed preliminary recommendations before they were presented to the HNG Community Steering Committee (August 27-September 3).

In addition, I have been asked to represent the Health Disparities Council on the Governor's Council for the Healthiest Next Generation and will be attending the September 18 meeting.

At today's meeting, we will receive an update on the Healthiest Next Generation initiative from Daisye Orr from the Department of Health.

Recommended Council Action:

None at this time.

Measures of success:

- » *Increase percentage of infants who breastfeed for at least six months*
- » *Increase percentage of children ages 2-4 with a healthy weight*
- » *Increase percentage of 10th graders with a healthy weight*

The Healthiest Next Generation Initiative

Every child deserves to grow up healthy and to have a promising future. Unfortunately, some experts believe that, for the first time in our nation's history, the current generation of children may have shorter lives than their parents. Recognizing that Washington's future depends on the health of our children, Governor Jay Inslee is launching an initiative to join with families across the state in making our next generation the healthiest ever. The goal is to help our children to maintain a healthy weight, enjoy active lives and eat well.

Today, too many children are overweight. Children are more sedentary than they used to be. Over the past four decades, the number of children walking to school has dropped by more than half — estimates indicate fewer than 13 percent of kids now walk to school. Research also shows that nearly 83 percent of children younger than 6 use screen media daily, such as television, videos, computers or video games. In addition, children are consuming more calories now than they did 30 years ago.

A child's weight is determined by many things that we can influence, including her mother's weight before and during pregnancy, how long she is breastfed as an infant, how active she is and what she eats and drinks growing up.

The Governor's Healthiest Next Generation initiative is an innovative public-private partnership to improve children's health. It includes creating a multidisciplinary strategic work group focused on health, early learning and K-12 environments. The work group will address items noted on the next page and recommend state policies that support community-led changes to provide choices for encouraging children to be more active and eat better.



Initiative Focus Areas

Breastfeeding-friendly environments	Healthy early learning environments	Healthy school environments
New mothers are supported to breastfeed by:	Children cared for in early learning environments are:	Children in school are:
<ul style="list-style-type: none"> » Hospitals that follow the 10 steps to successful breastfeeding » Early learning facilities that safely store and use their breast milk » Employers that provide a safe place to pump and store breast milk » Health care providers that encourage breastfeeding 	<ul style="list-style-type: none"> » Active every day » Playing in safe places » Spending less time in front of screens » Eating nutritious snacks and meals » Drinking clean water instead of sugar-sweetened drinks 	<ul style="list-style-type: none"> » Active every day » Playing in safe places » Eating nutritious meals » Drinking clean water instead of sugar-sweetened drinks
Measures of Success		
Increase percentage of infants who breastfeed for at least six months.	Increase percentage of children ages 2-4 with a healthy weight.	Increase percentage of 10 th graders with a healthy weight.

Through actions proposed by Governor Inslee and funded in the supplemental budget, the state will provide leadership and resources for the following initiatives:

- » Support comprehensive breastfeeding policies in worksites, schools and early learning facilities.
- » Promote and expand programs that work in early learning and K-2 environments statewide.
- » Provide toolkits with strategies to ensure all children are active and consume nutritious food and clean water in early learning facilities and schools.
- » Create a mentoring program to help early learning teachers and caregivers implement these strategies.
- » Promote healthful eating and active living goals in the Early Childhood Education and Assistance Program performance standards for child care licensing.
- » Develop a system to award merit/stars credit to early learning teachers and caregivers for completing the online obesity prevention course.
- » Revise statewide health and fitness standards for schools.

The Healthiest Next Generation Initiative will support and advance good ideas already underway, such as:

- » Sequential start times in Skagit County's Mount Vernon School District. The bus fleet has dropped from 27 to 12 vehicles, reducing traffic congestion and emissions around schools. Along with a new 1-mile walk zone around each school, this change allows children to walk to school safely and saves the district almost \$250,000.
- » The transformation of a convenience store in the impoverished West Central neighborhood of Spokane County. Parkside Grocery now sells locally grown produce, and is the only WIC-authorized corner store in the county.
- » Improvements to school meals in King County's Auburn School District by sending more than 500 cafeteria staff to certified culinary training through the Washington School Nutrition Association.
- » YMCA's partnering with schools to install water bottle filling stations.



DATE: September 11, 2014

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

FROM: Emma Medicine White Crow, Chair

SUBJECT: UPDATE—LANGUGE ACCESS RECOMMENDATIONS

Background and Summary:

In accordance with RCW 43.20.275(3), the Council is responsible for recommending initiatives for improving the availability of culturally appropriate language assistance services. At our May 15, 2014 meeting, the Council approved a Language Access Policy Paper, which included a set of language access recommendations along with information on Washington demographics, a summary of state and federal requirements for providing language assistance services, and an overview of statewide language access policies adopted in other states. The recommendations were submitted to the Governor and Legislature in our June 2014 Update report.

In brief, the recommendations were for state agencies to develop and implement language access policies and plans and to designate language access coordinators, and for the Governor's Office to identify an individual or office to provide central coordination of state language access activities. The 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.

In an effort to understand the extent to which state agencies are already implementing the recommendations, the Council conducted a survey in July and August of 2014. During this agenda item, I've asked Christy Hoff, Council staff, to provide a summary of the survey findings.

Recommended Council Action:

None at this time.



Update—Language Access Recommendations

Christy Hoff
September 11, 2014

Language Access Recommendations

1. State agencies should develop and implement language access policies and plans:
 - Assessment of language assistance needs
 - Identification and translation of vital documents
 - Provision of interpretation services
 - Procedures for staff training
 - Posting notices about availability of services
 - Tracking of services provided
 - Public awareness strategies

Language Access Recommendations

2. State agencies should designate language access coordinators

3. The Governor's Office should identify an individual or office to provide coordination
 - Ensure prioritization across agencies
 - Oversee implementation of policies and plans
 - Develop resources, tools, templates
 - Convene regular meetings of agency coordinators

Language Access Survey

Sent to 37 agencies—33 responded (89%)

Board of Industrial Insurance Appeals
Commission on Asian Pacific American Affairs
Department of Agriculture
Department of Corrections
Department of Fish and Wildlife
Department of Licensing
Department of Early Learning
Department of Labor and Industries
Department of Revenue
Employment Security Department
Human Rights Commission
Office of Administrative Hearings
Office of the Insurance Commissioner
Office of the Secretary of State
Utilities and Transportation Commission
Washington State Gambling Commission
Workforce Training and Education Coord. Board

Commission on African American Affairs
Commission on Hispanic Affairs
Department of Commerce
Department of Ecology
Department of Health
Department of Transportation
Department of Financial Institutions
Department of Retirement Systems
Department of Social and Health Services
Health Care Authority
Liquor Control Board
Office of the Family and Children's Ombuds
Office of the Attorney General
Office of Superintendent of Public Instruction
Washington State Board of Health
Washington State Patrol

Survey Findings

- ▶ 24% have an agency-wide, written language access policy.
- ▶ 36% have an agency-wide language access plan, procedure, or guidance.
- ▶ 33% have a designated language access coordinator.
- ▶ 18% have written guidance for identifying vital documents to translate.
- ▶ 39% provide language access training to staff.
- ▶ 56% post information about the availability of an interpreter or translated documents.

Survey Findings

Language Access Policy

- 8 (24%) have an agency-wide written policy
- 8 others are considering or actively working to develop policies
- 2 have policies in certain programs/divisions

Language Access Plan

- 12 (36%) have an agency-wide written plan

Survey Findings

Language Access Coordinator

- 11 (33%) have a designated language access coordinator
- 2 agencies have designated coordinators at the division or program level

Vital Documents

- 6 (18%) have written guidance for identifying vital documents to translate

Survey Findings

Staff Training

- 13 (39%) provide language access training to staff
- Training is typically provided to select employees and on an as needed basis

Notification of Services

- 14 of the 25 agencies that provide direct client services (56%) post information about the availability of language services

Survey Findings

Agency Practices

- Bilingual Employees
- Language Teams
- Web Site Resources
- Language Access Workgroups
- Community-Based Organizations
- Telephone Menus
- Data Collection and Monitoring

Next Steps

- ▶ Share findings with all agencies
- ▶ Share findings with Governor's policy staff
- ▶ Promote Interagency LEP Workgroup
- ▶ Offer technical assistance
- ▶ Partner with racial/ethnic commissions

- ▶ Other suggestions?

I. BACKGROUND

The Governor's Interagency Council on Health Disparities is charged with developing recommendations for the Governor and Legislature to eliminate health disparities by race/ethnicity and gender. In accordance with RCW 43.20.275(3), it is also responsible for recommending initiatives for improving the availability of culturally appropriate language assistance services.

In May 2014, the Health Disparities Council approved a [Language Access Policy Paper](#), which included language access recommendations along with information on Washington demographics, a summary of state and federal requirements for providing language assistance services, and an overview of statewide language access policies adopted in other states. The recommendations were submitted to the Governor and Legislature in its [June 2014 Update](#) to its State Action Plan to Eliminate Health Disparities.

In brief, the recommendations were for state agencies to develop and implement language access policies and plans and to designate language access coordinators, and for the Governor's Office to identify an individual or office to provide central coordination of state language access activities. The recommendations can assist state agencies in providing meaningful language access to information, benefits, and services to help ensure compliance with Title VI of the Civil Rights Act. They also align with Results Washington Goal 5, "Effective, efficient and accountable government", and specifically the sub topic of customer service.

In order to understand the extent to which agencies were already implementing the recommendations, the Health Disparities Council conducted a survey in July and August of 2014. This summary of findings also provides resources for agencies to obtain information on best practices in providing language assistance services.

II. SURVEY FINDINGS

The survey was sent to 37 state agencies¹—33 agencies responded for a response rate of 89%. Box 1 provides a summary of survey findings and Box 2 lists the agencies that responded to the survey. Most agencies are providing some level of language assistance services; however most currently lack formal agency processes, such as having written policies or plans or having designated language access staff. Several agencies, though, are in the process of developing written policies and/or plans. It appears that only two agencies that responded do not provide any language assistance. Both of those agencies indicated that they do not provide direct client services, though one agency does provide some services to the public, such as licensing and permitting.

Box 1: Summary of Agency Language Access Survey Findings

- 24% have an agency-wide, written language access policy.
- 36% have an agency-wide language access plan, procedure, or guidance.
- 33% have a designated language access coordinator.
- 18% have written guidance for identifying vital documents to translate.
- 39% provide language access training to staff.
- 56% post information about the availability of an interpreter or translated documents.

¹ The survey was sent to most agencies that responded to the Office of Financial Management's [Survey of Procurement of Interpreter Services](#)—surveys were not sent to some of the smaller agencies or some non-Executive branch agencies. The survey was also sent to a few agencies that did not respond to the OFM survey. This process was not meant to be completely comprehensive or scientifically rigorous but rather to get a general sense of the extent to which state agencies may already be implementing the Council's recommendations.

Box 2: Agencies Responding to the Survey	
Board of Industrial Insurance Appeals	Commission on African American Affairs
Commission on Asian Pacific American Affairs	Commission on Hispanic Affairs
Department of Agriculture	Department of Commerce
Department of Corrections	Department of Ecology
Department of Fish and Wildlife	Department of Health
Department of Licensing	Department of Transportation
Department of Early Learning	Department of Financial Institutions
Department of Labor and Industries	Department of Retirement Systems
Department of Revenue	Department of Social and Health Services
Employment Security Department	Health Care Authority
Human Rights Commission	Liquor Control Board
Office of Administrative Hearings	Office of the Family and Children's Ombuds
Office of the Insurance Commissioner	Office of the Attorney General
Office of the Secretary of State	Office of Superintendent of Public Instruction
Utilities and Transportation Commission	Washington State Board of Health
Washington State Gambling Commission	Washington State Patrol
Workforce Training and Education Coord. Board	

Language Access Policy

Eight (24%) of the 33 agencies that responded to the survey currently have an agency-wide, written language access policy. Twenty-two (67%) indicated they do not have a policy and three responded "other." Those that responded "other" are currently reviewing and updating existing policies, providing language assistance services in the absence of having a policy, or following related rules outlined in Washington Administrative Code. Eight agencies are currently considering or actively working to develop language access policies. Two indicated they don't have an agency-wide policy, but certain programs or divisions within the agency do have such policies.

Language Access Plan

Twelve agencies (36%) have an agency-wide, written language access plan, procedures, or guidance (i.e., processes and instructions to guide agency staff in determining when and how to provide language assistance services). Thirteen (39%) indicated they do not have a plan, seven (21%) responded "other," and one agency did not respond to the question. Among the eight agencies that did not respond or responded "other," six provide some level of language assistance services—one of which indicated they have a full language access program with a written language access plan within one of its programs.

Language Access Coordinator

Eleven agencies (33%) indicated they have a designated language access coordinator (i.e., a primary contact on agency-wide language access issues). Sixteen (48%) responded that they do not. Among the six agencies that responded "other," two have designated coordinators at the division/program level and three have an employee or employees who have some language access responsibilities though not formally designated.

Vital Documents

Six agencies (18%) have written guidance for identifying vital documents to translate, 23 (70%) do not, three responded “other,” and one agency did not respond to the question. Among those that responded “other,” one indicated they are working on vital documents guidance, one responded that their guidance is included in their language access plan, and one responded that they follow federal guidance on vital document translation.

Staff Training

Thirteen agencies (39%) responded that they provide language access training to staff, 17 (52%) do not, and three responded “other.” Most of the agencies that provide training or that responded “other” indicated that training is provided to select employees only (often customer service staff), typically focused on how to use telephonic interpreter services, and provided on an as needed basis. One agency plans to make its telephonic interpreter services training online for all agency staff and will include information and instructions in new employee orientation materials.

Notification of Language Assistance Services

Agencies were asked, “If your agency provides direct client services, does it post information about the availability of an interpreter or translated documents.” Seven of the 33 agencies that responded to the survey (21%) indicated that they do not provide direct client services, and one agency responded that they were unsure what was meant by direct client services. Fourteen of the twenty-five agencies that provide direct client services (56%) post information about the availability of an interpreter or translated documents, four (16%) do not, and seven (28%) responded “other.” Five of the agencies that responded “other” provide notification of the availability of language assistance services in some of their agency’s divisions/programs or provide such notification on a project-by-project basis.

Agency Practices

The survey offered several opportunities for agencies to provide comments on their language access activities. Below is a list of potentially promising practices abstracted from these qualitative comments.

- *Bilingual Employees.* Several agencies employ bilingual employees—often, though not always, in customer service positions. Some of these agencies maintain a list of their bilingual employees along with the languages spoken and these employees serve as a resource throughout the agency.
 - Note: Bilingual employees who are skilled in providing service to customers in a language other than English may not necessarily have the training, skills, and ability to provide interpretation or translation services. Interpretation and translation require specific skills in addition to being fluent in two languages. For interpretation and translation needs, agencies should employ the services of certified interpreters and translators.
- *Language Teams.* One agency uses internal language teams –formal teams of agency employees who provide translation, interpretation, and cultural expertise in four languages. Employees are required to pass an internal testing and certification process in order to serve on the teams.
- *Web Site Resources.* Many agencies provide documents translated into a number of languages on their agency Web sites. A few have Spanish-language Web pages. One agency indicated it maintains audio recordings of agency access information in different languages on its Web site.

- Note: Automated Web site translation services (such as Google Translate) are not considered a best practice and should not be used as a sole solution.
- *Language Access Workgroups.* A few agencies have (or are in the process of developing) language access workgroups. In one of these agencies, each division has a designated language access coordinator and the group meets every other month to discuss language access issues and ensure coordination of language assistance services across the agency. Another agency has a language access steering committee with an executive sponsor and representatives from across the agency.
- *Community-Based Organizations.* A few agencies partner with community-based organizations to provide language assistance services. Sometimes these are formal partnerships through contracts, while other agencies use less formal partnerships. As an example, one agency has a program where they want to reach out to communities of color and immigrant communities, so they partner directly with local community-based organizations to provide the services in the languages spoken by the community members.
- *Telephone Menus.* One agency indicated that it has a Spanish language menu option for all regional offices and primary program phone numbers.
- *Data Collection and Monitoring.* One agency indicated that it is developing processes and indicators to collect and monitor information on the language assistance services it provides.

III. SELECT RESOURCES

[LEP.gov](#). A clearinghouse for information, tools, and technical assistance regarding language access.

[Why is it important to have a Language Access Implementation Plan, Policy Directives, and Procedures in place?](#)

Question and answer from the LEP.gov Web site. In brief, the response states that policy directives are designed to “require the agency and its staff to ensure meaningful access,” while the plan defines how the agency will “effectuate the service delivery standards delineated in the policy directives.” [Department of Justice Guidance](#) provides the following rationale for why it is important to have a written plan: **“The development and maintenance of a periodically updated written plan on language assistance for LEP persons (“LEP plan”) for use by recipient employees serving the public will likely be the most appropriate and cost-effective means of documenting compliance and providing a framework for the provision of timely and reasonable language assistance.”**

[Language Access Assessment and Planning tool for Federally Conducted and Federally Assisted Programs](#) (May 2011). A step-by-step guide for developing and implementing language access policies, plans, and procedures. This guide includes information on the role of an agency language access coordinator.

[Federal Agency LEP Guidance for Recipients](#). Each federal agency that provides financial assistance has developed LEP guidance for its grantees that provide information on what to include in an effective LEP plan.

[Language Access 2.0: Sharing Best Practices, Improving Services, and Setting Future Goals](#) (December 2011). White paper prepared by the New York City Mayor’s Office of Immigrant Affairs and the Mayor’s Office of Operations, which identifies best practices for states and municipalities to include in comprehensive language access policies and plans.

[What is the difference between a bilingual staff person and an interpreter or translator?](#) Frequently asked question and answer from the LEP.gov Web site.

[Lost in Translation](#). An article from DigitalGov that discusses translation and the pitfalls of automated translation services (such as Google Translate).

[Interpretation and Translation](#). Resource page on the LEP.gov Web site that provides information and guidance on ensuring high quality interpretation and translation services.

[Interpreting: Getting it Right. A Guide to Buying Interpreting Services](#) (2011). A guide from the American Translators Association.

[Translation: Getting it Right. A Guide to Buying Translation Services](#) (2011). A guide from the American Translators Association.

[WASCLA](#). The Washington State Coalition for Language Access is a coalition of interpreters, translators, and others dedicated to assisting state and local agencies within Washington State understand and comply with their obligations under Title VI of the Civil Rights Act. The WASLCA Web site includes a number of resources including an interpreter and translator directory, training materials, and other informational resources.

[Migration Policy Institute](#). The Migration Policy Institute has a Language Access: Translation and Interpretation Policies and Practices project, which was created to assist local government administrators, policymakers, and others who are looking for ways to provide high-quality and cost-effective translation and interpretation services.

Washington State Department of Health Strategic Plan Overview

VISION

People in Washington enjoy longer and healthier lives because they live in healthy families and communities.

STRATEGY

Through collaborations and partnerships, we will leverage the knowledge, relationships and resources necessary to influence the conditions that promote good health and safety for everyone.

MISSION

The Department of Health works with others to protect and improve the health of all people in Washington State.

WHAT WE DO FOR WASHINGTON STATE

Protect from communicable disease and other health threats

- Ensure an effective communicable disease prevention, surveillance and response system
- Prepare for, respond to and recover from public health threats
- Ensure safety of our environment
- Address public health impacts of climate change

Prevent illness and injury and promote ongoing wellness

- Give all babies a planned, healthy start
- Increase immunization rates
- Support healthy weight
- Promote tobacco-free living
- Prevent or reduce the impact of adverse childhood experiences
- Protect people from violence, injuries and illness
- Raise awareness and implement strategies to promote mental health

Improve access to quality, affordable, integrated healthcare

- Increase access to affordable healthcare
- Ensure patients experience safe, quality healthcare
- Incorporate public health and prevention into reforming the healthcare delivery system

HOW WE DO OUR WORK

Integration of continuous quality improvement and performance management

- Improve customer satisfaction and use of customer feedback
- Ensure performance management systems are used
- Use Lean and other quality improvement tools

Ensure efficient, innovative, and transparent core business services

- Develop appropriate policies and legislation to support our goals and objectives
- Work toward optimal public health funding and assessment of return on investment
- Make financial and business processes transparent; engage and respond to customers
- Implement a comprehensive communication and marketing plan
- Enhance our technological capabilities

Improve organizational health and expand workforce development

- Improve skills and capabilities of workforce
- Develop an agency succession plan
- Improve organizational health
- Integrate workplace health and wellness into activities and policies
- Ensure a robust and collaborative partnership with academia

FOUNDATIONS

MODELS: Socio-Ecological • Determinants of Health • Life Course • Place Matters

GUIDING PRINCIPLES: Evidence-Based Public Health Practice • Partnership • Transparency • Health Equity • Seven Generations