

9:30 a.m.	CALL TO ORDER & INTRODUCTIONS	Emma Medicine White Crow, Council Chair
9:35 a.m.	1. Approval of Agenda — <i>Action</i>	Emma Medicine White Crow, Council Chair
9:40 a.m.	2. Approval of September 11, 2014 Minutes — <i>Action</i>	Emma Medicine White Crow, Council Chair
9:45 a.m.	3. Announcements and Council Business	Christy Hoff, Council Staff
9:55 a.m.	4. Briefing—Suicide Prevention	Marietta Bobba, Council Member Dolly Fernandes, Department of Health Ron Hertel, Office of Superintendent of Public Instruction Scott Waller, Department of Social and Health Services
10:30 a.m.	5. Update—Healthiest Next Generation	Emma Medicine White Crow, Council Chair Gail Brandt, Council Member Tracy Wilking, Department of Health
10:50 a.m.	6. Public Comment	
11:10 a.m.	7. Review Meeting Schedule — <i>Possible Action</i>	Christy Hoff, Council Staff
11:15 a.m.	8. Review Action Plan Update — <i>Possible Action</i>	Emma Medicine White Crow, Council Chair Christy Hoff, Council Staff
12:00 p.m.	LUNCH	
1:00 p.m.	9. CLAS Project Update	Yris Lance, Council Staff Millie Piazza, Council Member Megan MacClellan, Department of Ecology Vazaskia Caldwell, Council Member Preston Cody, Health Care Authority Mick Pettersen, Health Care Authority
1:50 p.m.	10. Update—Essentials for Childhood	Gail Brandt, Council Member Marilyn Gisser, Department of Health Victor Rodriguez, Department of Health
2:20 p.m.	11. Briefing—Health Workforce Council	Nova Gattman, Council Member
2:50 p.m.	BREAK	
3:00 p.m.	12. Briefing—Public Health Preparedness and Communication about Ebola	Gail Brandt, Council Member
3:20 p.m.	13. Council Member Announcements	Emma Medicine White Crow, Council Chair
3:45 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) 236-4104 by Dec. 6, 2013. 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
September 11, 2014**

**Department of Health, Point Plaza East, Rooms 152/153
310 Israel Road SE, Tumwater, WA 98501**

HDC members present:

Sofia Aragon	Diane Klontz
Marietta Bobba	Stephen Kutz
Gail Brandt	Frankie Manning
Vazaskia Caldwell	Emma Medicine White Crow
Nora Coronado	Jan Olmstead
Nova Gattman	Millie Piazza
Evette Jasper (on behalf of Greg Williamson)	Gwendolyn Shepherd
Mona Johnson	

HDC members absent:

Kameka Brown	Kim Eads
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HDC Staff present:

Timothy Grisham, Communications Consultant	Christy Hoff, Health Policy Advisor
Melanie Hisaw, Executive Assistant	Yris Lance, CLAS Project Manager

Guests and Other Participants:

Kelley Carnwath, Qualis Health	Kathleen Meehan, Department of Health
Michelle Davis, State Board of Health	Daisye Orr, Department of Health
Mary Fertakis, Tukwila School Board and National School Boards Association	Lisa Packard, Qualis Health
Steven Garrett, Department of Health	Linda Riggle, Department of Health
Marianna Goheen, Office of Superintendent of Public Instruction	Victor Rodriguez, Department of Health
Skyler Jones, Department of Health	Sierra Rotakhina, State Board of Health
Rachel Lopez, Department of Health	Susie Schaefer, Open Doors for Multicultural Families
Rafael Loza, Health Care Authority	Cathy Wasserman, Department of Health
	Laura Zaichkin, Health Care Authority

Emma Medicine White Crow, Council Chair, called the public meeting to order at 9:49 a.m. and read from a prepared statement (on file).

1. APPROVAL OF AGENDA

***Motion:** Approve September 11, 2014 agenda with one change to move the iPad primer up before the review and approval of the May minutes.*

***Motion/Second:** Marietta Bobba/Stephen Kutz.*

2. IPAD PRIMER

Timothy Grisham, Council Staff, provided brief instructions on how to navigate meeting materials on the iPADS.

3. ADOPTION OF MAY 15, 2014 MEETING MINUTES

Motion: Approve May 15, 2014 minutes

Motion/Second: Vazaskia Caldwell/ Diane Klontz. Approved unanimously.

4. ANNOUNCEMENTS AND COUNCIL BUSINESS

Christy Hoff, Council Staff, provided updates on staff and membership changes—Melanie Hisaw is the Board and Council's new Executive Assistant, Greg Williamson is now representing the Department of Early Learning, and Mona Johnson is representing the Office of Superintendent of Public Instruction. She referred Council members to correspondence (on file under Tab 4), including two letters of support provided by the Council and a letter to the Attorney General, which the Council was copied on.

Chair Medicine White Crow acknowledged the 13th anniversary of September 11 and asked for a moment of silence.

5. UPDATE—CLAS Project

Yris Lance, Council Staff, introduced Kathleen Meehan, Health Educator with the Department of Health and they provided their presentation (on file under Tab 5). Ms. Meehan highlighted the five modules of the CLAS training and the pilot results. Ms. Lance shared information on the CLAS website, a survey conducted with healthcare associations regarding CLAS implementation, and some upcoming CLAS trainings during conferences and meetings.

Vazaskia Caldwell, Council Member, said the training looked great and she encouraged Council members to access the training for their agencies. Gail Brandt, Council Member, said she participated in the pilot training. She said the preparation, planning, and effort was very apparent.

6. BRIEFING—BREAST CANCER, RACE, AND PLACE

Member Brandt, introduced Steven Garrett with the Office of Healthy Communities at the Department of Health. Mr. Garrett provided his presentation (on file under Tab 6). He highlighted risk factors for breast cancer, both those that are modifiable and those that are not as well as incidence rates and mortality rates by race/ethnicity. He also highlighted public health strategies for addressing breast cancer, including efforts to improve breast cancer screening rates. Member Caldwell asked if the incidence and mortality data for black women could be broken out by age. Stephen Kutz, Council Member, asked if the data could be looked at by stage of diagnosis as well as by the type of health care coverage. He said he sees more employers moving to self-insured plans where they are exempt from some mandatory coverage. Frankie Manning, Council Vice Chair, asked about treatment modalities that black women have access to and whether they were limited. Mr. Garrett said that in addition to lower screening rates, that there are differences in treatment.

7. BRIEFING—HEALTHIER WASHINGTON PROJECT

Member Caldwell, introduced Laura Zaichkin, Administrator in the Office of Health Innovation and Reform in the Division of Policy, Planning, and Performance at the Health Care Authority. Ms. Zaichkin gave her presentation (on file under Tab 7). She provided background on the state innovation planning work to develop a 5-year vision of better health, better care, and lower costs. The plan was completed in January 2014. As a result, the Legislature enacted E2SB 2572 and E2SSB 6312 to implement many of the innovations in the plan. In July, Washington applied for a testing grant for \$92.5 million. We expect to learn if we are funded by the end of October.

She said the goal of Healthier WA is to look at health beyond healthcare. She highlighted the state's vision for accountable communities of health, which uses the collective impact model. They envision having a wide range of sectors coming together in the ACHs, including providers, public health, social service, early learning, etc. She said that once mature, ACHs can partner with the state to inform Medicaid purchasing. She talked about the "Practice Transformation Support Hub" for providers, that will be led by the Department of Health, particularly for issues around team-based care and integration of physical and behavioral health. They also envision the hub will work with the local ACHs so a provider could prescribe nontraditional health services, such as housing. She also highlighted a vision for payment redesign to move from a traditional fee for service to one that is at least 80% value-based purchasing.

Marietta Bobba, Council Member, asked about consumer involvement. Member Kutz said he hopes Tribes will be encouraged to sit on many of the committees to inform change. He also asked about plans to address changes outside the state system. Ms. Zaichkin said they are looking at the commercial system as well. She said it is an expectation of the state that Tribes and underserved populations should be invited to participate in any of the committees created. Vice Chair Manning asked if there was any consideration to having a community board advise the ACHs. Ms. Zaichkin said that is a requirement for ACHs, but they may individually choose to do so. Chair Medicine White Crow said she is happy the HCA and Exchange are a part of the Healthier Washington project team, adding that she has been watching the roll out of reform and agrees that communities need to be involved.

8. BRIEFING—STRATEGIES TO INCREASE AGENCY DIVERSITY

Member Brandt introduced Linda Riggle, Recruitment and Assessment Coordinator at the Department of Health. Ms. Riggle introduced Skyler Jones and Rachel Lopez, also with the Department of Health. She asked the Council to serve as a partner in finding strong candidates for leadership positions in the agency. She said in the last year, they increased their number of leadership positions by 5 and 4 of those new hires were people of color. She said they are networking with veteran's groups and the racial/ethnic commissions and they share job announcements at job fairs and college career fairs.

Vice Chair Manning said she was happy to hear they wanted to partner with the Council. She asked them to consider developing a mentoring program to help people to grow in the Department and to reach out to diverse communities in non-traditional ways. Member Caldwell suggested looking closely at minimum requirements, adding that sometimes job requirements are too high and can keep people from even being able to apply. Member Bobba asked Mr. Jones and Ms. Lopez to introduce themselves and their positions. Mr. Jones and Ms. Lopez said they are Recruitment and Selection consultants and they travel to colleges, the military base, and other venues to share information about public health. They help with screening processes and candidate certification.

9. BRIEFING—INCREASING THE DIVERSITY OF WASHINGTON STATE'S NURSING WORKFORCE

Vice Chair Manning said the Council has considered healthcare workforce diversity a priority since it first convened in 2006, adding that it has tried to stay informed about efforts in the state to promote diversity and has had several briefings on the topic at Council meetings. She introduced Mary Fertakis, Director of the Tukwila School Board and consultant with the National School Boards Association. Ms. Fertakis gave her presentation (on file under Tab 9), which focused on barriers and supports to pursuing a career in nursing in the K-12 and higher education systems. She highlighted

academic, financial, institutional/systems, and family/cultural barriers and supports. She also highlighted recommendations for both the K-12 and higher education systems and strategies to consider. Nova Gattman, Council Member, thanked Ms. Fertakis for a fantastic presentation. She said one of the things the Workforce Training and Education Coordinating Board advocates for is career-connected learning. Member Kutz introduced himself as a Native American and a nurse and said he believed there needed to be more support by Deans of Nursing to promote diversity efforts.

10. UPDATE—HEALTHIEST NEXT GENERATION

Chair Medicine White Crow referred Council members to the memo under Tab 10. She reminded members that the Council adopted childhood obesity disparities as a priority and expressed an interest in aligning with the Governor's Healthiest Next Generation Initiative. Member Brandt introduced Daisye Orr, Organizational Performance, Development, and Results Manager in the Division of Prevention and Community Health at the Department of Health. Daisye thanked the Council for its partnership on this work. She referred Council members to the Governor's Policy Brief on the Healthiest Next Generation. Ms. Orr provided information on how the Healthiest Next Generation work was structured and the agencies and partners involved. She thanked the Council for convening an equity review group to review success stories and preliminary recommendations. She said the recommendations were then shared with the initiative's community steering committee, which prioritized recommendations within school, early learning, and community settings. She said Chair Medicine White Crow and other members from the Council were invited to participate on the Governor's Council for the Healthiest Next Generation, which is meeting on September 18.

Member Bobba asked when the recommendations would be available for the public. Ms. Orr said she anticipates being able to share recommendations more widely after the Governor's Council meeting on the 18th. Chair Medicine White Crow thanked Ms. Orr for her presentation. She said she appreciated the Governor's perspective to work with children on this issue.

11. PUBLIC COMMENT

Chair Medicine White Crow announced that she was opening up the public comment period and read from a prepared statement (on file).

Susie Schaefer, Open Doors for Multicultural Families, shared progress on their autism grant, including some of the workshops they provided in multiple languages. She said the grant purchased iPads for 25 families and they provided training on how to use them and loaded them with applications that would be of particular use for kids with autism. She invited the Council to its fundraiser event.

12. UPDATE—LANGUAGE ACCESS RECOMMENDATIONS

Chair Medicine White Crow referred Council members to the memo under Tab 12. She said the Council recently conducted a survey of state agencies to determine the extent to which they were already implementing the Council's language access recommendations. Ms. Hoff, provided her presentation on the survey findings (on file under Tab 12). She said the survey data showed that most agencies are providing some level of language assistance services, however most do not have written policies and practices. Ms. Hoff said she received feedback from agencies that the survey initiated conversations and actions within their agencies about language access.

Member Kutz suggested that we should share the results with all the agencies surveyed. He also asked if agencies have procedures in place to respond to phone calls from people who are speaking a language other than English. Ms. Hoff said that most agencies that provide direct customer service

train their customer service staff on how to use telephonic interpreter services, but that if phone calls are directed to staff who are not trained in these services, they may not know what to do with those calls. Member Brandt asked Ms. Hoff if there is a plan to conduct a follow-up survey in two or three years to compare the data to baseline. Ms. Hoff said there is not currently a plan to do so, but that it is a great idea and she would like to do so. Member Bobba suggested reaching out to the agencies to find out what they think our next steps should include. Ms. Hoff said she is exploring options to create a document sharing site for members of the Interagency LEP Workgroup where she can post the policies, plans, and other materials she received. Member Bobba suggested having a student intern further explore language access and CLAS issues and develop a list of best practices. Member Gattman asked if Ms. Hoff is planning to share the findings with the Legislature. Ms. Hoff said that the Council's June 2014 Update Report, which included the language access recommendations, has been submitted to the Governor's office for review. It will then be submitted to the Legislature. She said she can also include the survey findings in the next Update report. Member Bobba asked if the report speaks to the deaf and hard of hearing community. Ms. Hoff indicated that the survey was focused on spoken language only. Vice Chair Manning asked if we are able to gather some stories from individuals who have had problems accessing information or resources to supplement the survey data. Ms. Hoff agreed that stories would add a lot of value. Gwendolyn Shepherd, Council Member, indicated that community speak is also important because even communities who speak English as their first language may not understand the jargon of state agencies.

13. COUNCIL MEMBER ANNOUNCEMENTS

Member Shepherd shared that she is trying to obtain funding for some community.

Member Brandt shared the Department of Health's strategic plan for 2014 – 2016. She highlighted that one of the guiding principles in the plan is health equity. She said the Department has six cross-agency workgroups and one of them is a health equity workgroup, which she co-chairs. She said they presented their draft work plan to members of the Commission on Asian Pacific American Affairs and have received good feedback. Member Brandt said they are developing a plan to train agency staff on the CLAS Standards.

Evette Jasper, Department of Early Learning, said she appreciated the presentation on CLAS and added that the early learning community is interested in obtaining additional resources.

Mona Johnson, Council Member, said school has started so the Office of Superintendent of Public Instruction is very busy. She highlighted OSPI's efforts in support of the Healthiest Next Generation initiative. She also discussed requirements to fully fund basic education and how the Legislature was just held in contempt.

Member Gattman said she provides staff support to the Health Workforce Council. She said the Healthier Washington grant would support some of the work of the Health Workforce Council. She added that she will be presenting to the Legislature on health workforce skill gaps.

Member Kutz said he lived in a country and city where there was only 1 other English speaking family. He said that he recommends the Council reach out beyond the state system in ensuring people have meaningful access.

Vice Chair Manning reflected on her experiences providing volunteer work and working with people who speak different languages and the ability to connect on a human level. She said she was able to attend the Beat It program that was sponsored by the Health Resources and Services Administration. She said she learned about the different cultures in the African community and about how diabetes and other services are delivered. She said the remote access clinic in Seattle will be held on October 22-26 and that they were providing free dental, eye screening, health screening, and other social services for people who are underinsured or do not have insurance. The clinic will be held at the Seattle Center and they anticipate serving 1,000 people per day.

Millie Piazza, Council Member, shared an environmental justice screening tool called EJ Screen that will be launched soon. She said it is a mapping program that is nationally consistent and available to the public. It contains data on 12 indicators, including demographic data such as race/ethnicity and language, environmental information, and also health indicators. She said it could be particularly relevant for agencies providing outreach to. She said they are hosting a free webinar for Tribal governments in late October and that she will share a fact sheet with the Council.

Member Bobba said they are having a free chronic disease self-management lay leader training in Spanish in Yakima. She said she will send staff more information to send out to the Council. She said the Division of Behavioral Health and Recovery was awarded grant funding to support people with behavioral health issues with employment. She said the Division would also like an opportunity to share work they are doing with the Tribes around suicide prevention

Jan Olmstead, Council Member, said the American Indian Health Commission is working with the Office of Healthy Communities at the Department of Health on a framework to address chronic disease. They developed the framework and are implementing portions of it. She added they are seeking funding to implement it in a more comprehensive way. She said the Department of Health included some of the framework's principles, including seven generations, in its strategic plan. She said the Commission is also working with the Department of Early Learning and the Department of Health on a demonstration project for Maternal and Child Health home visiting. She said there will be two years of funding at \$350,000 for the successful Tribe or urban Indian program. Applications were reviewed and they will make a determination soon.

ADJOURNMENT

Chair White Crow adjourned the meeting at 3:38 p.m.



STATE OF WASHINGTON
GOVERNOR'S INTERAGENCY COUNCIL ON HEALTH DISPARITIES

Washington State Board of Health

PO Box 47990 • Olympia, Washington 98504-7990

November 20, 2014

Office of Healthy Communities
Office of Nutrition Services
Washington State Department of Health
PO Box 47848
Olympia, WA 98504-7848

Dear Washington State Department of Health:

The Governor's Interagency Council on Health Disparities fully supports the work of the Washington State Department of Health (DOH) on your collaborative efforts to increase access to healthy, affordable food, and this submission of a proposal to the Food Insecurity Nutrition Incentive (FINI) Large Scale Project.

We are pleased to confirm that we will provide in-kind contributions of approximately \$10,000 over the four years of this project—in-kind match reflects the Health Disparities Council's commitment to providing staff and Council member time to assist with the project implementation.

The Health Disparities Council's in-kind contributions to this project include: a Council staff member's participation on the FINI advisory network, Council members and staff participation in meetings to discuss and provide guidance on project implementation, and two Council staff members' participation in planning and implementing annual health equity impact assessments.

The Health Disparities Council is confident that the strategies DOH and your partners have outlined in the FINI grant application will provide valuable information on how best to increase the purchase of fruits and vegetables by SNAP participants, and will positively impact the ongoing food security efforts in Washington state. We look forward to reviewing the evaluation results and program reports to inform our ongoing efforts to promote health equity and reduce disparities in Washington state.

Sincerely,



Emma Medicine White Crow, Chair

Governor's Interagency Council on Health Disparities Policy & Procedure

Policy Number:	2009-02
Subject:	COMMUNICATING WITH THE LEGISLATURE
Adopted:	February 5, 2009

Policy Statement:

The Governor's Interagency Council on Health Disparities (Council) was created to help Washington become the healthiest state in the nation by striving to eliminate health disparities by race/ethnicity and gender. Toward this end, the Council is charged with:

- creating a state policy action plan to eliminate health disparities;
- promoting and facilitating communication, coordination, and collaboration among state agencies, the private sector, and communities of color to address health disparities;
- developing recommendations for improving the availability of culturally and linguistically appropriate health literature and interpretive services; and
- gathering information to understand how the actions of state government ameliorate or contribute to health disparities.

In some instances, the Council's responsibilities may be served through identifying, monitoring, and communicating with the Legislature about proposed legislation relevant to the Council. This policy and procedure provides guidance to assist the Council in its decisions whether to provide written or oral testimony or otherwise communicate with the Legislature about proposed legislation.

Procedure:

Recognizing that decisions about whether to communicate with the Legislature about proposed legislation need to occur in a very short timeframe, the Council authorizes the Chair to make these decisions on behalf of the Council. The Chair may, however, at his or her discretion, consult with individual Council members in making a decision.

During session, Council staff will routinely monitor legislative bill introductions, committee agendas, and other legislative matters to identify bills that may warrant attention by the Council. Council staff shall consider the following guidance when deciding whether to bring a legislative proposal to the attention of the Council Chair:

- The policy or budgetary proposal has a direct impact on the Council's statutory powers and duties or it is directly related to policy recommendations supported by the Council in its state action plan or any interim document approved by the Council, and
- communicating to the Legislature about the policy or budgetary proposal does not run counter to any policy, guidance, or other activity of the Governor or any agency, board, or commission with representation on the Council.

In addition to responding to bills or budget proposals that warrant the Council's attention, the Chair may work with staff and individual Council members to respond to inquiries from members of the Legislature or to provide information about Council priorities and activities to legislators or staff at a legislator's request.

The Council Chair or his or her designee must approve correspondence with legislative staff or members. Such correspondence should routinely be copied and sent to the Department of Health

Office of the Secretary – Policy, Legislative, and Constituent Relations, as consistent with the Board of Health's policy and procedure on communicating with the Legislature (Policy Number 2001-004).

An individual Council member may speak or write to the Legislature on proposed legislation or other matters. In such cases, the speaker should clarify that such communications are from a single Council member and do not necessarily reflect the views of the entire Council.

Any Council member or Council staff member who addresses comments to the Legislature or its staff on proposed legislation relating to the Council must report such activity to the Executive Director of the State Board of Health who must prepare a consolidated quarterly report on such activity as required by the Public Disclosure Commission according to 42.17.190 RCW.



Department of Health

Suicide Prevention

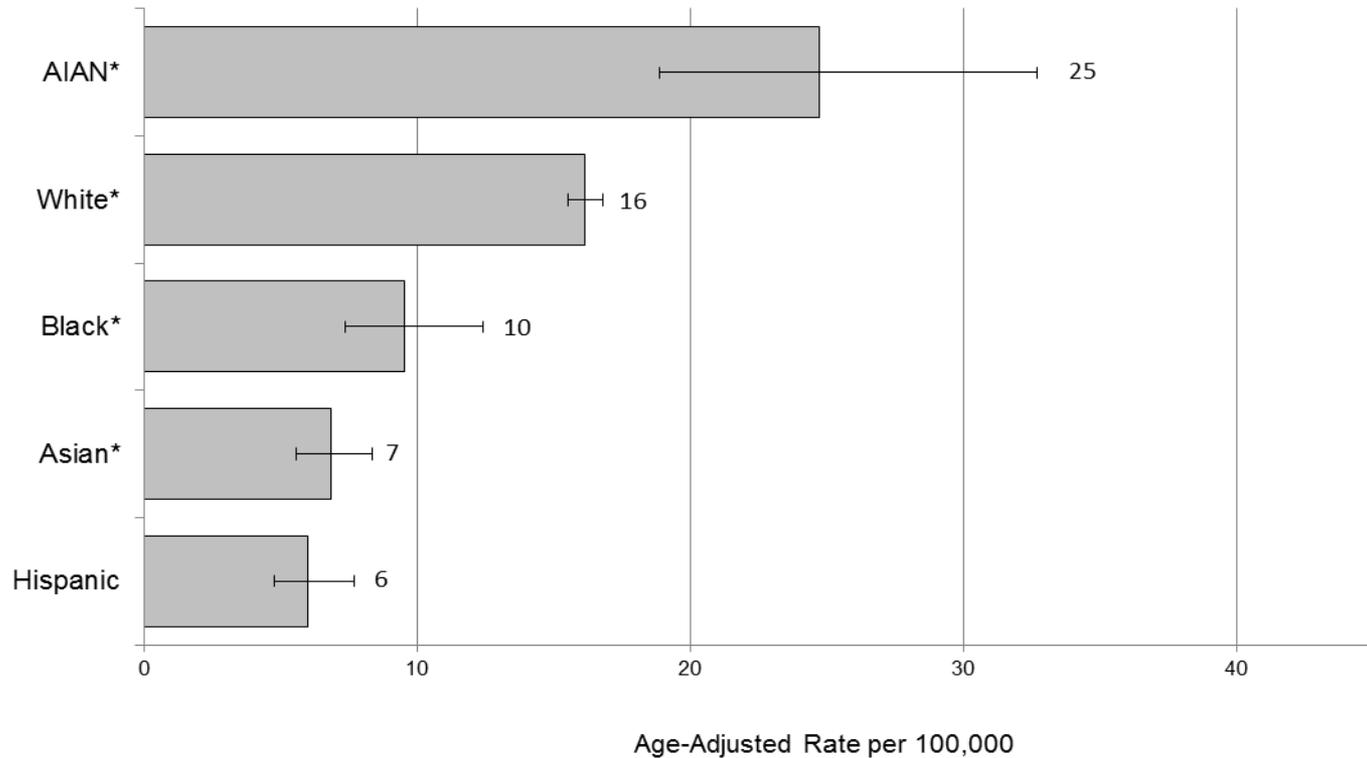
PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY



Suicide in Washington State

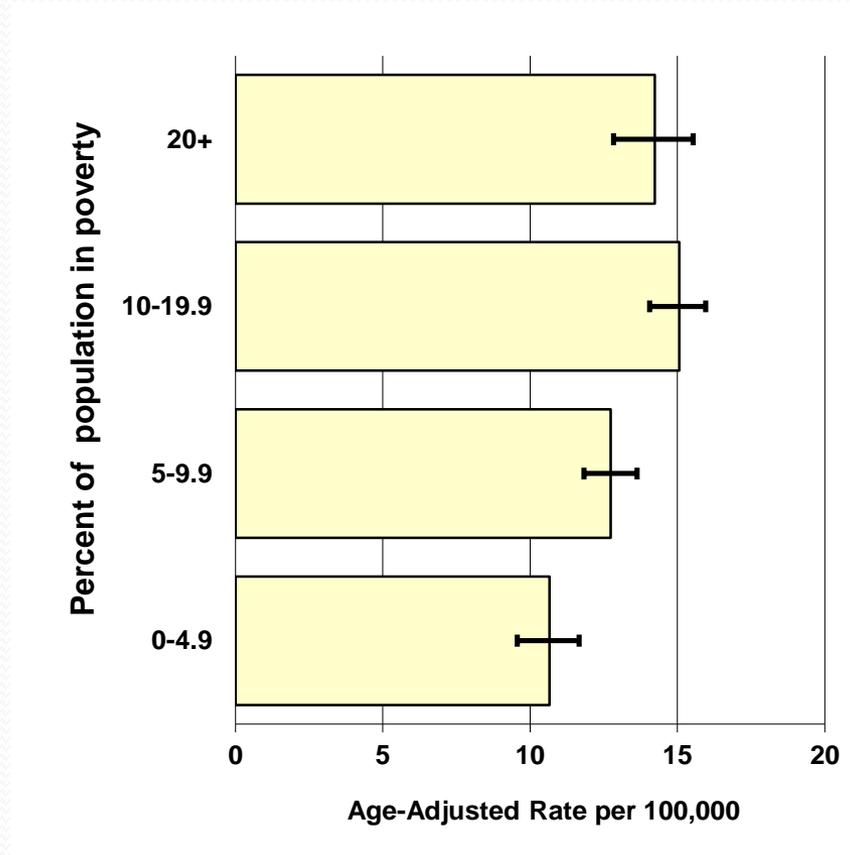
- Suicide is the 8th leading cause of death.
- On average, 3 suicides per day.
- Has increased since 2006.
- WA rates are higher than national rates.

Suicide Death Rates by Race and Ethnicity Washington State, 2011-2013

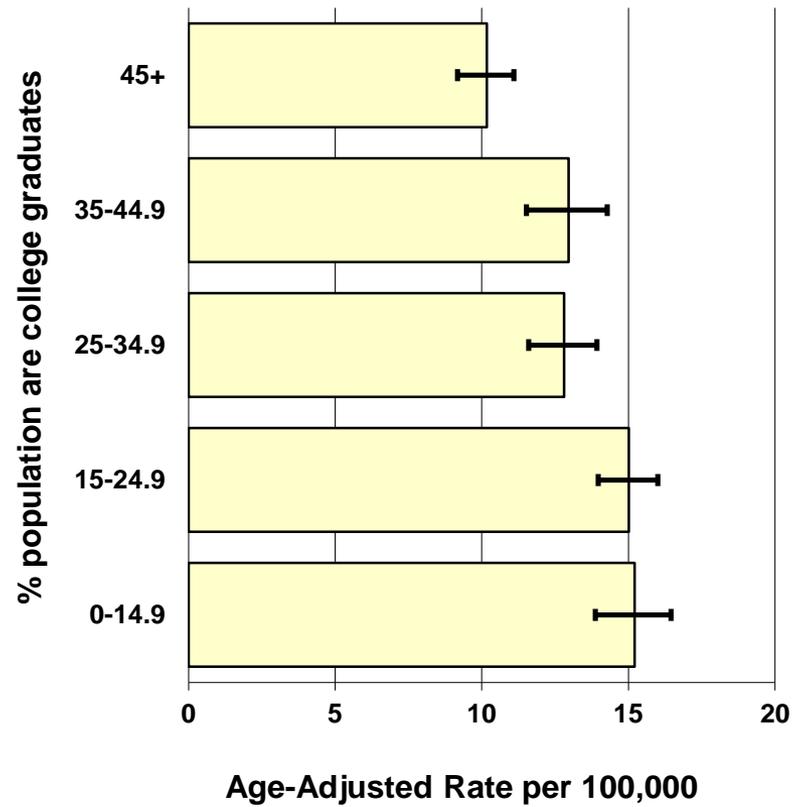


* Non-Hispanic, single race only
AIAN: American Indian/Alaska Native

Suicide % in Poverty, 2009-2011



Suicide College Graduation Levels, 2009-2011



Washington Statewide Plan for Suicide Prevention (SPSP) RCW 43.70.442

Three strategies to reduce suicides:

- Suicide prevention training for healthcare providers
- Statewide suicide prevention plan
- Consultation program to support primary care providers

Statewide Plan for Suicide Prevention Requirements

Plan must include:

- Patterns and key demographic factors
 - Risk and protective factors
 - Goals, action areas and implementation strategies
-
- Consider national research and practice
 - Be written to be accessible to broad audience
 - Presented to the legislature in Nov 2015

Steering Committee

Legislation required representation by:

- Experts on suicide assessment, treatment, and management
- Institutions of higher education
- Tribal governments
- Department of Social Health Services (DSHS)
- Washington State Department of Veterans Affairs
- Suicide prevention advocates – including at least one suicide survivor and a survivor of a suicide attempt
- Primary care providers
- Local health departments

Overall Plan Framework

- Based on National Strategy for Suicide Prevention
- 4 Workgroups
 - Healthy and Empowered Individuals, Families & Communities
 - Clinical and Community Preventative Services
 - Treatment and Support Services
 - Surveillance, Research and Evaluation

Timeline

Date	Milestone
7/1/14	Begin planning
8/5/14	First steering committee meeting - Determined overall framework
9/1/14	Establish 4 workgroups w/ leads
10/20/14	Second steering committee meeting - Workgroup responsibilities - Determined chapter framework
1/29/15-3/18/15	Workgroups present draft chapters to SC
3/18/15-7/7/15	Workgroups finalize drafts, submit to DOH
11/15/15	Plan submitted to legislature

National Violent Death Reporting System Grant (NVDRS)

National data system that gathers facts about violent deaths from multiple sources

- Medical examiners -Coroners -Law Enforcement
- Crime Labs -Death Certificates

- Links records on violent deaths that are related
 - Multiple homicides and homicide-suicides

- Details the circumstances
 - Relationships among victim, perpetrator and others
 - Medical history of victim

- Provides information on how the person was killed

SAMHSA Youth Suicide Prevention Grant

Geographic areas covered:

- Grays Harbor County
- Pacific County
- Clallam County

Tribes served:

- The Confederated Tribes of Chehalis
- Quinault Nation
- Shoalwater Bay Tribe
- Jamestown S'Klallam Tribe
- Lower Elwha Klallam Tribe
- Makah Tribe
- Quileute Tribe

Grant work:

- Intensive outreach work after hospital discharge, ensuring that person and family get needed services
- Gatekeeper training throughout the community
- Suicide prevention awareness campaigns
- Work with tribes
- Work with LGBT communities

Youth Suicide Prevention Program

DOH contracts with YSPP

- Training and education
- Building community capacity
 - Four youth suicide prevention community coalitions (Cowlitz County, Yakima, Tri-Cities, Spokane)

Linkages

State Government:

- DSHS
- OSPI
- DEL
- DOT
- VA

Local/County/Tribes:

- YSPP
- ForeFront
- Tribes
- County Suicide Coalitions



For more information, please contact:

Dolly Fernandes

Washington State Department of Health

State Director for EMS, Trauma, Injury & Violence Prevention

Dolly.Fernandes@doh.wa.gov /360.236.2858

Suicide Prevention/ Troubled Youth

Office of Superintendent of Public Instruction

Ron Hertel, Program Supervisor

Student Mental Health and Wellbeing

Compassionate Schools



Trauma and Learning

-
- The Compassionate Schools Initiative at OSPI incorporates training on Adverse Childhood Experiences (ACEs) and basic neuroscience for school staff to better understand the effects of trauma on a student's ability to learn and to help students bolster social emotional skills to improve their overall ability to thrive.
 - Classroom strategies
 - Self-regulation
 - Resiliency
 - Executive function
 - Self care (for staff)
 - Community partnerships

House Bill 1336 (2013)

Troubled Youth

- Created credentialing for Education Staff Associates (ESA) to recognize, screen, and respond to emotional or behavioral distress in students. (PESB)
- Created a temporary task force to improve support for youth in need (2013)
- Developed and posted a draft model plan for schools to develop individual suicide prevention plans which is mandated for the 2014-15 school year.
- Enhanced training provided by Youth Suicide Prevention Program (Networks for Life) across the nine Educational Service Districts to, in turn, provide training for districts in their catchment area.
- Educational Service Districts offer training for school district staff on youth suicide screening and response to emotional or behavioral distress in students.
- Provided Mental Health First Aid TOT Training (DBHR) for 32 school and community members to better address the needs of vulnerable youth. (June 23 – 27, 2014)

Senate Bill 6431 (2014)

- Research shows an association between Averse Childhood Experiences (ACEs) such as trauma, violence, or abuse, and decreased student learning and achievement.
- Currently, OSPI is contracting with Youth Suicide Prevention Program to work with state agency and community partners to assist schools in implementing youth suicide prevention activities in an identified highest need area of the state – Pend Oreille, Stevens, Okanogan, Ferry counties – as a pilot project that can be replicated in other areas of the state.

Continuing Efforts

- Provide technical assistance as needed to districts creating district specific plans to address the needs of vulnerable youth.
- Participating with other agencies, e.g. Suicide Prevention State Plan (DOH) and State Prevention Enhancement Consortium (DSHS/DBHR).
- Providing additional resources on the web for schools to use in their suicide prevention planning.
- Continuing to provide targeted services to areas in the state demonstrated to have the greatest need.

Contact Information

Ron Hertel, Program Supervisor

Student Mental Health and Wellbeing and Compassionate Schools

Office of Superintendent of Public Instruction

Olympia, WA

(360) 725-6050

Ron.Hertel@k12.wa.us



Overview of Division of Behavioral Health and Recovery suicide prevention efforts

- In 2012, the State Prevention Enhancement Consortium prioritized suicide prevention and mental health promotion as part of the State Prevention Plan based on data that demonstrates a nexus with substance abuse and mental health problems and other youth-focused problems like low academic achievement and youth violence.
- A Suicide and Mental Health Workgroup was formed to examine suicide prevention and mental health issues. Since its inception, the workgroup has:
 - Addressed two-year spike in suicides in the Wenatchee Valley by providing community gatekeeper training;
 - Met with the DSHS Secretary and DSHS Office of Indian Policy (OIP) to discuss suicides among American Indians and Alaska Natives. Those discussions led to planning and implementation by OIP of Tribal Juvenile Justice and Suicide Prevention Conference at Great Wolf Lodge in May 2014 using funding from Mental Health Block Grant;
 - Helped develop a powerful video portrait of a successful community mobilization in White Swan that has helped reduce suicides there; and,
 - Organized first-ever statewide suicide prevention awareness effort in 2013.
- We recently worked with OSPI to train 32 facilitators for Youth Mental Health First Aid. Also, using Mental Health Block Grant funds, DSHS trained 30 of its staff to provide this training across DSHS. We will collaborate with OSPI's Project Aware grant to offer Youth Mental Health First Aid training statewide.
- 20 tribes submitted applications to participate in the Washington State Tribal Mental Health Promotion Project and all were allocated grants for \$14,700 for SFY14. Of those, 8 tribes selected evidence-based programs that specifically target suicide. The project is designed to bring funding to the tribes to focus specifically on issues related to a specific element of mental health.
- Allocated Mental Health Block Grant funds for suicide prevention projects for the first time in high-need Community Prevention and Wellness Initiative communities. Projects are currently under review for funding consideration.

For more information, contact:

Scott Waller, Systems Integration Manager
Division of Behavioral Health and Recovery
PO Box 45330
Olympia, WA 98504-5330
(360) 725-3782
scott.waller@dshs.wa.gov



DATE: December 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:

As you recall, the Council adopted childhood obesity disparities as a priority earlier this year. Rather than creating our own advisory committee to create a separate set of recommendations, we have partnered with the Department of Health and Governor Inslee's Healthiest Next Generation initiative.

At our September meeting, we received an update on the initiative and learned about efforts to develop recommendations in the early learning, school, and community settings. Since that update, Governor Inslee convened his Council for the Healthiest Next Generation and I was asked to serve on that group. In addition, Steven Kutz was asked to represent the American Indian Health Commission. We met on September 18 and were tasked with reviewing preliminary recommendations to prioritize 12 short-term recommendations.

At today's meeting, we will receive another update on the Healthiest Next Generation initiative from Tracy Wilking from the Department of Health and learn about future plans for the initiative. Additional information on the Council's collaboration with the initiative is included in the Council's draft December 2014 Update report, which we will review later today.

Recommended Council Action:

None at this time.



Healthiest Next Generation Initiative

Improving Healthy Weight in Children

The Goal for Our Children

- Maintain a healthy weight
- Enjoy active lives
- Eat well

Focus Environments

- Early Learning settings
- Schools
- Communities

Focus Areas

- Physical Activity
- Healthy Eating, including access to Water
- Breastfeeding

HNG: The Beginning

- 2014 Legislative Session -- Proviso
- Engrossed Substitute Senate Bill 6002
- \$350,000 (July 1, 2014 – June 30, 2015)

Collaboration

Governor's Council for the Healthiest Next Generation (HNG)

Purpose: High-level policy group, sets strategic direction and state policy agenda

Chair:
Governor Jay Inslee

Executive staff and liaison to steering committee:

Dennis Worsham,
Deputy Secretary for
Public Health Operations,
Department of Health

Membership: Agency
heads, community
and business leaders

Convenes: 1-2 times
a year

Community Steering Committee

Purpose: Advise on federal community funding administered by Department of Health. Advise on HNG recommendations.

Chair: Dennis Worsham,
Deputy Secretary for Public
Health Operations,
Department of Health

Membership: State and
local public health
managers, community
organizations

Convenes: Quarterly

Cross Agency Team

Purpose: Carry out HNG proviso

Lead:
Department of Health

Membership: HNG
coordinators at Depts. of
Health and Early Learning
and Office of
Superintendent of Public
Instruction

Convenes: Biweekly

**Sector-Specific
Stakeholders and
Partners**

**Governor's
Interagency Council
on Health
Disparities:
Equity Review
Group**

Cross Agency Team

- Department of Early Learning
- Department of Health
- Office of Superintendent of Public Instruction

Work of Cross Agency Team

- Development of Recommendations
- Fulfillment of Proviso Activities
- Initiative Communication & Engagement

Development of Recommendations

- Appreciative Inquiry Process
- Local Success Stories: ♥ of HNG
- National Recommendations
- Best practices and professional expertise

Prioritizing Recommendations

- Agency-level Review
- Community Steering Committee
- Governor's Council
- Short-term vs. Long-term

Top 10 Recommendations

#1 Implement voluntary breakfast programs such as Breakfast After the Bell, eliminate co-pay for school lunch in grades 4-12 and support summer food service programs.

#2 Implement Safe Routes to School programs and require a consistent walking school bus for all schools receiving funds.

#3 Encourage school districts to adopt a health and fitness education curriculum aligned with state standards and provide active daily recess.

Top 10 Recommendations

#4 Implement early learning programs: Increase training on nutrition, physical activity and screen time in Early Achievers; fund regional Early Learning Collaborative; and update the rules and regulations for licensed Child Care Centers to address latest standards on nutrition, physical activity and screen time.

#5 Implement healthy communities programs statewide.

#6 Implement Breastfeeding Friendly Washington, fund Medicaid to reimburse for breastfeeding education and lactation counseling and assure breastfeeding support is defined and covered by insurance.

Top 10 Recommendations

#7 Implement Complete Streets statewide.

#8 Encourage fruit and vegetable purchases through Washington's Basic Food (food stamp) program.

#9 Install refillable water bottle filling stations in schools.

#10 Implement late start for high schools and add 30 minutes of dedicated physical activity time to the school day.

Next Steps

- Governor's Budget Release
- HNG Mid-year Legislative Report Release
- Success Story Profiles
- Fulfillment of Proviso Activities

Proviso Activities

- Identification of Programs for Expansion
- Enhance ECEAP Standards
- Revise Quality Health & Fitness Standards

Proviso Activities continued

- Identification of Toolkits for Professionals
- Development of System for Mentoring
- Establish Performance Metrics

Initial Step: Grant Application

- U.S. Department of Agriculture
Food Insecurity Nutrition Incentives Grant
- Increase Fruit and Vegetable Purchases
Consumers participating in SNAP
- Incentives at Stores + Farmers Markets
- Department of Health application

Opportunities for Involvement

- Visit: <http://www.doh.wa.gov/healthiestnextgen>
- Frame your work to improve healthy weight, active living, eating well as part of HNG
- Follow & Post: #HealthiestNextGen 
- Tell us your success stories

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HEALTHIEST NEXT GENERATION TOP 10 PRIORITY RECOMMENDATIONS

To assist with implementation of these recommendations and sustain the Healthiest Next Generation Initiative, continued funding is required for staffing in Department of Health (DOH) (1.5 FTE), Office of the Superintendent for Public Instruction (OSPI) (1 FTE) and the Department of Early Learning (DEL) (1 FTE). Our request is continuation of the foundational work that the legislature originally funded.

Governor Inslee, First Lady Trudi Inslee and Governor’s office staff will also continue to support the effort. A related recommendation that is foundational is to implement a rewards program led by the Governor. The Governor is very happy to participate. Our team is working on options like inviting school kids or classes to the Capitol to meet the Governor or other types of fun recognition. We would welcome your ideas.

The Governor’s office, Office of Financial Management and the respective agencies noted below have been working on options for possible implementation. The Governor will make a final decision in terms of what is feasible for this very challenging budget in mid-December.

Priority	Recommendations prioritized by the Council for the Healthiest Next Generation	Impacted Agencies
#1	Implement voluntary breakfast programs such as Breakfast After the Bell, eliminate co-pay for school lunch in grades 4-12 and support summer food service programs	OSPI
#2	Implement Safe Routes to School programs and require a consistent walking school bus for all schools receiving funds.	DOT, OSPI
#3	Encourage school districts to adopt a health and fitness education curriculum aligned with state standards and provide active daily recess.	OSPI
#4	Implement early learning programs: Increase training on nutrition, physical activity and screen time in Early Achievers; fund regional Early Learning Collaborative; and update the rules and regulations for licensed Child Care Centers to address latest standards on nutrition, physical activity and screen time.	DEL
#5	Implement healthy communities programs statewide.	DOH
#6	Implement Breastfeeding Friendly Washington, fund Medicaid to reimburse for breastfeeding education and lactation counseling and assure breastfeeding support is defined and covered by insurance.	DOH, OIC, HCA
#7	Implement Complete Streets statewide.	DOT
#8	Encourage fruit and vegetable purchases through Washington’s Basic Food (food stamp) program.	DSHS
#9	Install refillable water bottle filling stations in schools.	OSPI
#10	Implement late start for high schools and add 30 minutes of dedicated physical activity time to the school day.	OSPI



Ellicott Dandy
OneAmerica
1225 S Weller St
Suite 430
Seattle, WA 98144

December 4, 2014

Washington State Interagency Council on Health Disparities
Washington State Board of Health
PO Box 47990
Olympia, WA 98504

Dear Members of the Health Disparities Council,

Thank you for the opportunity to introduce myself as well as OneAmerica's new work in environmental and climate justice. I hope to begin a conversation around the potential to carve out a space for those most impacted by Washington's health disparities to engage with the policies and programs designed to address those disparities. I apologize for not being physically present, but I invite more conversation on this topic in the coming weeks and months.

OneAmerica is a Seattle-based organization dedicated to advancing the principles of democracy and justice by building power in immigrant and refugee communities at the local, state, and national levels. We work to develop the leadership capacity and civic engagement skills among community leaders throughout Washington State. We recognize that our immigrant and refugee constituents are disproportionately impacted by a number of issues beyond immigration policies, and our advocacy work extends to issues of education equity, economic justice, and now, environmental justice.

Governor Inslee issued his executive order on climate action in April, creating the Carbon Emissions Reduction Taskforce (CERT) whom he charged with reviewing options for carbon pricing in Washington State. He appointed OneAmerica's Executive Director, Rich Stolz, to the taskforce alongside a variety of businesses and public interest groups. Through the CERT process and in concurrent work with a strong coalition of other organizations representing communities of color, we have identified a set of policy options necessary to design an equitable carbon price. We are advocating that the policy include adequate transparency, opportunities for public participation, and ongoing oversight. To that end, Washington State could benefit significantly from an Environmental Justice Oversight Board (EJOB) that would empower representatives from communities highly impacted by air pollution and other environmental justice issues to review the carbon price and other environmental policies.

We believe that the Council on Health Disparities could be uniquely positioned to host this board because of its focus on achieving environmental justice by eliminating health disparities. I understand the Council has recommended in its State Action Plan that Washington revive the Interagency Workgroup on Environmental Justice. I fully support

this initiative and firmly believe that immigrant and refugee communities across Washington State could benefit significantly from the existence of such a group. I also believe that we could strengthen the Workgroup by adding input from highly impacted communities. Often, the communities most impacted by issues are best positioned to help inform their solutions because they possess critical and otherwise unobtainable local knowledge. Allowing representatives of these communities to review the carbon price for environmental justice criteria on the EJOB and in dialogue with the Interagency Workgroup for technical support would further the mission of the Council on Health Disparities.

We envision both of these groups—and semi-annual joint meetings—as permanent components of environmental policy design and implementation in Washington State. Both the EJOB and the Workgroup provide vital expertise and their ongoing collaboration would make these policies more effective and more accountable to the people they serve. This model also serves to build the capacity of these communities through their engagement with state government and exercise of leadership locally, thereby strengthening voices not ordinarily included in these processes.

I would like to humbly ask that the Council consider this proposal as an important way to strengthen its commitment to environmental justice. I invite questions and conversations and hope to identify opportunities to collaborate on this project going forward. Please email me at Ellicott@weareoneamerica.org to engage. I look forward to learning from your important work and to thinking together about the best way to pursue these ideas in Washington.

Thank you for this time and for the incredible work you all do.

Sincerely,

Ellicott Dandy

2015 Board/Council Meeting Schedule

Approved by the Board November 12, 2014

Approved by the Council [date]

	Meeting Date	Location
Board	Wednesday January 14, 2015	Department of Health Point Plaza East, Room 152/153 310 Israel Road SE, Tumwater, WA 98501
Council	Wednesday February 11, 2015	Department of Health Point Plaza East, Room 152/153 310 Israel Road SE, Tumwater, WA 98501
Board	Wednesday March 11, 2015	Department of Health <i>(or location TBD)</i> Point Plaza East, Room 152/153 310 Israel Road SE, Tumwater, WA 98501
Board	Wednesday April 8, 2015	Hold date – meet only if necessary
Council	Wednesday, May 13, 2015	Location to be determined – possibly SeaTac area
Board	Wednesday June 10, 2015	Location to be determined - <i>(w/ WSALPHO?)</i>
Board	Wednesday July 8, 2015	Hold date – meet only if necessary
Board	Wednesday August 12, 2015	Location to be determined <i>(likely Cherberg)</i>
Council	Wednesday September 9, 2015	Department of Health <i>(or location TBD)</i> Point Plaza East, Room 152/153 310 Israel Road SE, Tumwater, WA 98501
Board	Wednesday October 14, 2015	Location TBD <i>(Kitsap/Snohomish or Kittitas? -or w/WSPHA in Wenatchee area?)</i>
Board	Wednesday November 18, 2015*	Department of Health <i>(or location TBD)</i> Point Plaza East, Room 152/153 310 Israel Road SE, Tumwater, WA 98501
Council	Wednesday December 9, 2015	Department of Health <i>(or location TBD)</i> Point Plaza East, Room 152/153 310 Israel Road SE, Tumwater, WA 98501

*Meeting in November is on the 3rd Wed (not the usual 2nd Wed) due to Veteran's Day falling on Wed, November 11, 2015

Start time is 9:30 a.m. unless otherwise specified. Time and locations subject to change as needed. See our website at <http://sboh.wa.gov/> for the most current information.

Last updated 11/25/2014



DATE: December 11, 2014

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

FROM: Emma Medicine White Crow, Chair

SUBJECT: REVIEW ACTION PLAN UPDATE

Background and Summary:

In accordance with statute, the Council submits biannual update reports to the Governor and Legislature. Today, I we will have the opportunity to review and provide comment on the draft text for our *December 2014 Update* report. This latest update highlights the Council's partnership with the Healthiest Next Generation initiative and provides updates on the Council's work to ensure meaningful language access across state government, to promote the National Standards for Culturally and Linguistically Appropriate Services, and to collaborate with the State Board of Health on health impact reviews.

As was done with past reports, I am recommending the Council approve the draft text, incorporate any suggestions from today's discussion that the whole Council determines should be moved forward, and authorize the Council chair to approve the final report on the Council's behalf.

Recommended Council Action:

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

Motion: The Council approves in concept the draft text of the December 2014 Update as submitted on December 11, 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.



December 2014 Update

State Action Plan to Eliminate Health Disparities

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December 2014

Governor's Interagency Council on Health Disparities

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INTRODUCTION

The Governor's Interagency Council on Health Disparities (Council) is charged with identifying priorities and creating recommendations for the Governor and the Legislature to eliminate health disparities by race/ethnicity and gender. The Council's focus has been on developing recommendations that agencies could take steps toward implementing with existing resources.

This report highlights the Council's partnership with the Healthiest Next Generation initiative and provides updates on the Council's work to ensure meaningful language access across state government, to promote the National Standards for Culturally and Linguistically Appropriate Services, and to collaborate with the State Board of Health on health impact reviews.

HEALTHIEST NEXT GENERATION

In Washington, 23% of 10th graders are overweight or obese. American Indian, Black, Hispanic, and Pacific Islander students are significantly more likely than their non-Hispanic White counterparts to be overweight or obese.¹

In recognition that obesity is a risk factor for many chronic health conditions and that inequities in obesity exist, the Council adopted obesity as a priority and included recommendations in its [2010 State Action Plan to Eliminate Health Disparities](#). With persisting disparities and wanting to find opportunities to align its work with Governor Inslee's priorities, the Council adopted childhood obesity disparities as a priority again earlier this year. In doing so, it expressed a strong interest in ensuring its work supported and did not duplicate the work of the Healthiest Next Generation initiative.

Therefore, the Council decided not to convene an advisory committee to assist with developing its own recommendations for the Governor and Legislature. Instead, it partnered with the Department of Health on the Healthiest Next Generation initiative. Specifically, the Council contributed in the following ways:

- Shared past Council recommendations, including those to reduce obesity disparities from its 2010 action plan.
- Contributed three Council briefing documents: a summary of childhood obesity disparities data, a review of evidence-based and promising practices to reduce disparities and promote healthy weight in children, and a 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 past Council meetings.

¹ Washington State Department of Health. Fact Sheet. 2012 Healthy Youth Survey. [Obesity and Risk Factor Summary](#). February 2013. DOH 160-184.

In addition, the Council convened an equity review group to provide input at two points in the Healthiest Next Generation process: a review of community success stories and an initial review of proposed recommendations. The group provided input on gaps and successes that should be elevated statewide, with a focus on ensuring equity. Members of the group included individuals from diverse communities around the state and leaders in childhood obesity disparities prevention.

Equity Review Group Members	
Sofia Aragon	Commission on Asian Pacific American Affairs
Gail Brandt	Department of Health
Kameka Brown	Commission on African American Affairs
Nora Coronado	Commission on Hispanic Affairs
Emma Medicine White Crow	Governor’s Interagency Council on Health Disparities
James Krieger	Public Health–Seattle & King County
Stephen Kutz	American Indian Health Commission
Devon Love	Center for MultiCultural Health
Frankie Manning	Governor’s Interagency Council on Health Disparities
Jason A. Mendoza	University of Washington & Seattle Children’s Research Institute
Susan Millender	Guided Pathways–Support for Youth and Families
Martin Sanchez	Yakima Valley Memorial Hospital
Celeste Schoenthaler	Public Health–Seattle & King County
Gwendolyn Shepard	Governor’s Interagency Council on Health Disparities
Tyati Tufono	Commission on Asian Pacific American Affairs

Feedback from members of the equity review group included:

- Targeted approaches, either independent or within universal approaches, need to be focused on racial/ethnic groups like American Indians, Asians, Native Hawaiian and Pacific Islanders, Hispanics/Latinos, and African Americans. New immigrant communities also need outreach.
- An approach that combines nutrition and physical activity is most effective and it depends on the community as to which should come first.
- It is important to build the skills of children (and their caregivers) in recognizing new foods, how to prepare them, and ways to make them appealing.
- Community members need to build their skills in organizing together and building capacity to develop and implement programs that will support healthy eating and being physically active. Communities also need to partner with schools.
- Not all communities have access to safe drinking water.
- Interventions should reflect the cultural history of food preparation and preference as a way to educate the community about adopting healthier behaviors.
- Mental and spiritual health issues should be addressed because of the impact of emotions on healthy eating.

The Council Chair also serves as a member of the Governor’s Council for the Healthiest Next Generation. The group, which is made up of policy makers and leaders from state government, business, health care, and community organizations met on September 18, 2014 and approved a final set of [recommendations](#) for early learning settings, schools, and communities.

The Council fully supports the Healthiest Next Generation recommendations. Further, both the equity review group and the Council advise that equity impacts need to be considered during implementation of any recommendations to avoid unintended consequences. For example, unfunded school mandates have the potential to increase disparities as low-income communities are less likely to be able to address the mandate. In addition, any funding to implement recommendations should be specifically prioritized for communities, schools, and early learning settings that experience disparities in obesity rates.

LANGUAGE ACCESS: STATE AGENCY SURVEY

Washington state is among the top ten states with the largest limited-English proficient (LEP) population and the highest growth in LEP population.² The Washington State Office of Financial Management recently estimated that there were approximately 627,486 limited-English proficient people in Washington State.³

Washington’s growing diversity makes it essential that the state provide meaningful access to information and resources. Title VI of the Civil Rights Act prohibits recipients of federal funding from excluding individuals from participation, denying them benefits, or subjecting them to discrimination on the grounds of race, color, or national origin.⁴ So, for state agencies receiving any federal support, providing language assistance services is a requirement. As importantly, meaningful language access works to reduce health disparities. Equitable access to information on how to obtain housing or nutrition assistance, requirements for school entry, how to apply for unemployment benefits, and how to obtain a small business license help to ensure all Washingtonians have access to resources that promote health directly or indirectly by contributing to the social determinants of health.

Recent headlines have demonstrated how a lack of timely information in languages other than English can lead to disproportionate adverse consequences. For example, poor quality translations from Washington’s Health Benefit Exchange made it difficult for LEP populations to access important consumer information.⁵ As another example, during the Carlton complex fires this past summer, dozens of farm workers and their families lost nearly everything they owned

² Migration Policy Institute (2011). National Center on Immigrant Integration Policy. [LEP Data Brief: Limited English Proficient Individuals in the United States: Number, Share, Growth, and Linguistic Diversity](#).

³ Office of Financial Management (2014). [Estimate of population with limited English proficiency \(LEP\) for the state and counties](#). Data tables.

⁴ U.S. Department of Justice. [Title VI of the Civil Rights Act of 1964](#).

⁵ KPLU 88.5. [State’s Translated Health Exchange Fact Sheets Get Poor Marks](#).

when they fled the orchards. Emergency information broadcast only in English contributed to the orchard workers' delay in obtaining information and the late notice they had to evacuate.⁶ As a final example, the carbon monoxide poisonings among Somali, Vietnamese, and other immigrant communities following the windstorm in 2006, demonstrated how LEP populations can be at risk for disproportionate injury, illness, and even death. Of the 15 storm-related fatalities, eight were due to carbon monoxide poisoning as a result of people using charcoal grills indoors to cook and heat their homes. Of the 70 people treated in one Seattle hospital's hyperbaric chamber, only five spoke English as their primary language.⁷

The provision of timely and accurate information about state government resources, including meaningful access for Washingtonians with limited-English proficiency, aligns with Results Washington Goal 5, "Effective, Efficient and Accountable Government" and more specifically to measures to improve customer satisfaction and confidence that they are being served well.

In its [June 2014 Update](#), the Council included language access recommendations for state agencies and the Governor's Office. In brief, recommendations were for all agencies to develop and implement language access policies and plans and to designate language access coordinators, as well as for the Governor's Office to appoint an individual or office to provide central coordination to ensure prioritization and alignment across agencies.

In order to understand the extent to which agencies were already implementing the recommendations, the Council conducted a survey in July and August of 2014. The survey was sent to 37 state agencies and 33 agencies responded for a response rate of 89%. The results of the survey demonstrated that with only a few exceptions, state agencies were providing some level of language assistance services; however, most lacked formal agency processes, such as having written policies or plans or having designated language access staff.

A summary of the survey findings is included below and the full summary report, which also includes resources for agencies to obtain information on best practices in providing language assistance services, is included as an appendix to this report.

Summary of Agency Language Access Survey Findings
<ul style="list-style-type: none">• 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.

⁶ Seattle Times. [Laborers lost a lot to fast-moving wildfire, now work to rebuild lives.](#)

⁷ Seattle Times. [Carbon Monoxide: Last Year's Surprise Killer Still Claims Lives.](#)

CLAS STANDARDS

As mentioned previously, meaningful language access is important and required by federal law. Moreover, with the state’s growing racial/ethnic and cultural diversity, it is becoming increasingly important for the state to provide information and services that are not only linguistically appropriate, but culturally appropriate as well.

The provision of culturally and linguistically appropriate services is one strategy to help eliminate health disparities. A recent health impact review completed by the State Board of Health in collaboration with the Council, found strong evidence that culturally relevant health care improves patient satisfaction, improves health and health care outcomes, and decreases health disparities.⁸ Social and environmental factors play a critical role in population health, so all services state government provides should be culturally appropriate, including education, housing, transportation, social service, and environmental, etc.

The Department of Health and Human Services Office of Minority Health has identified the National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) as a priority and is working to increase implementation across the country. Through a grant from the Office of Minority Health, the Council is raising awareness about the CLAS Standards and providing training and technical assistance to state agencies and other organizations. The Council worked collaboratively with health educators at the Department of Health to create a CLAS training curriculum. The training provides an in-depth understanding of the 15 CLAS standards, including adoption and implementation strategies. It consists of five 1.5 hour modules and is based on adult learning theory and principles.

Overview of CLAS Standards Training & Learning Objectives	
Module 1: Introduction to the CLAS Standards	Understand the historical context of CLAS; differentiate between equality and equity; recognize cultural differences that humans experience; and explain the value of implementing CLAS.
Module 2: Governance, leadership, and workforce	Explain the importance of engaging leadership in CLAS adoption and implementation; describe strategies to build a diverse workforce; and list benefits to a diverse workforce.
Module 3: Communication and language assistance	Identify barriers that LEP populations experience in accessing services; list benefits for ensuring competence for translation and interpretation; explain why it is important to consider culture in communication and language assistance.
Module 4: Engagement, continuous improvement, and accountability	Identify how programs could collect data that would help inform efforts to improve CLAS; list potential performance measures that could be used to track progress on implementing CLAS; and list ways programs could partner with and engage communities.
Module 5: Integrating CLAS into policy and practice	Identify the staff needed to adopt and implement CLAS; give examples of the important elements in a policy on CLAS standards; and identify barriers and approaches to integrating CLAS into practice.

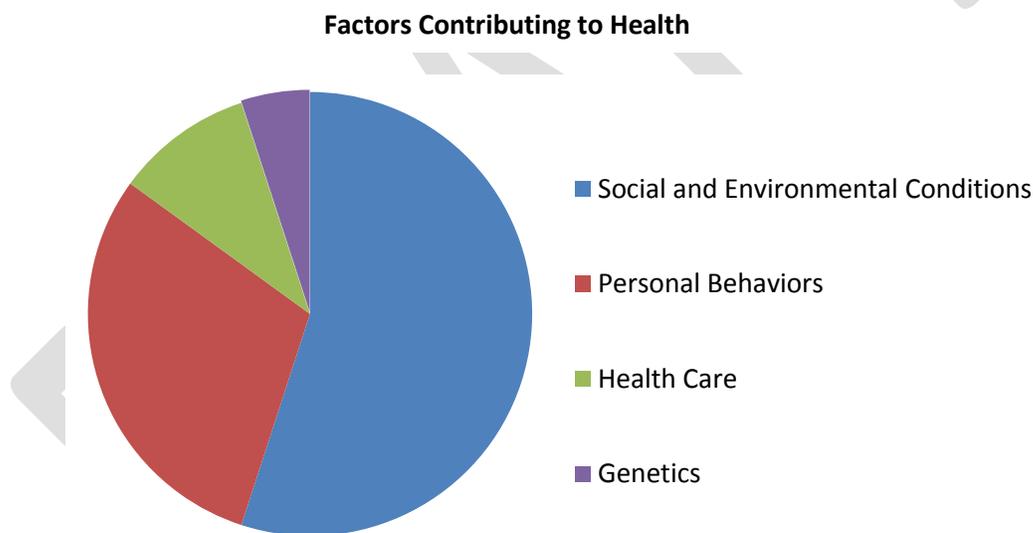
⁸ State Board of Health. [Health Impact Review of SB 6170: Concerning Cultural Competency Education for Health Care Professionals](#).

The Health Care Authority has convened an internal CLAS working group with representatives from all divisions to draft an agency-wide CLAS policy. The working group recently received training on Module 5: Integrating CLAS into policy and practice. The Department of Ecology has recently held trainings on all five modules for its staff that provide community outreach and engagement services.

Now through the end of August 2015, when the Council’s grant ends, staff is available to provide information, technical assistance, and training at no cost. To request more information or training, please contact the Council at healthequity@sboh.wa.gov.

HEALTH IMPACT REVIEWS

Health is more than health care—much more. In fact, the World Health Organization finds that health care contributes to only 10% of differences in our health outcomes.⁹ The biggest contributors to our health are actually social and environmental conditions—things like access to healthy food, clean air and water, social support, and affordable housing.



In the U.S. and here in Washington, we often make decisions about transportation, housing, education, and economic development without considering if there may be health implications. Many of these decisions do have significant effects on our health, both positive and negative. Moreover, they often affect different populations in disproportionate ways and can, therefore, also affect health disparities.

⁹ World Health Organization. Commission on Social Determinants of Health – Final Report. [Closing the gap in a generation: Health equity through action on the social determinants of health.](#)

Health impact reviews are a tool that decision makers here in Washington can access to obtain objective information on how a proposed legislative or budgetary change will likely impact health and health disparities. They provide information and scientific evidence that policy makers can use to promote health in decision making and minimize any unintended adverse consequences that policies may have on health.

The State Board of Health collaborates with the Governor's Interagency Council on Health Disparities to conduct health impact reviews. Reviews can only be requested by the Governor or members of the Legislature. During legislative session, staff must complete health impact reviews within ten days. During the interim, staff works with the requester to determine a deadline.

Recent health impact reviews have been completed on topics such as education, oral health, mental health, bullying in schools, and cultural competency education for health care providers, to name just a few. Executive summaries and full reports for each review are available on the State Board of Health's [Health Impact Review Web page](#). For more information or to request a review, please contact the Board at hir@sboh.wa.gov.

COUNCIL MEMBERSHIP

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

Governor’s Interagency Council on Health Disparities Membership	
Governor’s Representative and Council Chair:	Emma Medicine White Crow
Consumer Representative and Council Vice Chair:	Frankie T. Manning
Consumer Representative:	Gwendolyn Shepherd
Commission on African American Affairs:	Kameka Brown
Commission on Asian Pacific American Affairs:	Sofia Aragon
Commission on Hispanic Affairs:	Nora Coronado Diana Lindner (alternate)
Department of Agriculture:	Kim Eads
Department of Commerce:	Diane Klontz
Department of Early Learning:	Greg Williamson
Department of Ecology:	Millie Piazza John Ridgway (alternate)
Department of Health:	Gail Brandt
Department of Social and Health Services:	Marietta Bobba
American Indian Health Commission ¹⁰ :	Willie Frank Jan Olmstead (alternate)
Health Care Authority:	Vazaskia Caldwell
Office of Superintendent of Public Instruction:	Dan Newell Mona Johnson (alternate)
State Board of Health:	Stephen Kutz
Workforce Training and Education Coordinating Board:	Nova Gattman

¹⁰ The Governor’s Office of Indian Affairs delegated authority to the American Indian Health Commission to appoint a representative to the Council.

COUNCIL REPORTS

The Governor’s Interagency Council on Health Disparities is required to create an action plan to eliminate health disparities by race/ethnicity and gender and to update the plan biannually. A description of past Council action plans and report updates are included below.

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

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 Health Care Authority

Culturally & Linguistically Appropriate Service Standards Initiative

December 2014

Preston Cody, Director for Health Care Service

Vazaskia V.C. Caldwell, Health Disparities/CLAS Manager

Mick Pettersen, EPSD/CLAS Workgroup

Health Care Authority

MISSION

Provide high quality health care through innovative health policies and purchasing strategies.

VISION

A healthier Washington

Health Care Authority

The Health Care Authority oversees the state's two top health care purchasers

- **Washington Apple Health - Medicaid**
 - Medical assistance program
 - Health care coverage 1.2 million low-income Washington residents
 - 2/3 of Medicaid clients are children
 - Cost are shared by state and federal governments
- **Public Employees Benefits Board (PEBB)**
 - Medical, dental, life, and long-term disability coverage
 - Coverage for eligible state and higher-education employees

Health Disparities Strategy

The Health Care Authority aligns our Health Disparities Initiatives with:

- The Affordable Care Act
- Results Washington - Health & Safety Goal 4
- Healthier Washington



Culturally and Linguistically Appropriate Services (CLAS)
is recognized in the Affordable Care Act
as a set of federally recognized

BEST PRACTICES

designed to

ELIMINATE DISPARITIES

in health care outcomes.

CLAS Strategy

- **Understand** the systems, policies, and practices that contribute to culturally and linguistically competent service delivery.
- **Evaluate** how well HCA meets national CLAS standards.
- **Identify** which actions are necessary to become more culturally and linguistically competent.
- **Create** a plan to improve and implement systems, policies, and practices to help HCA meet CLAS standards.

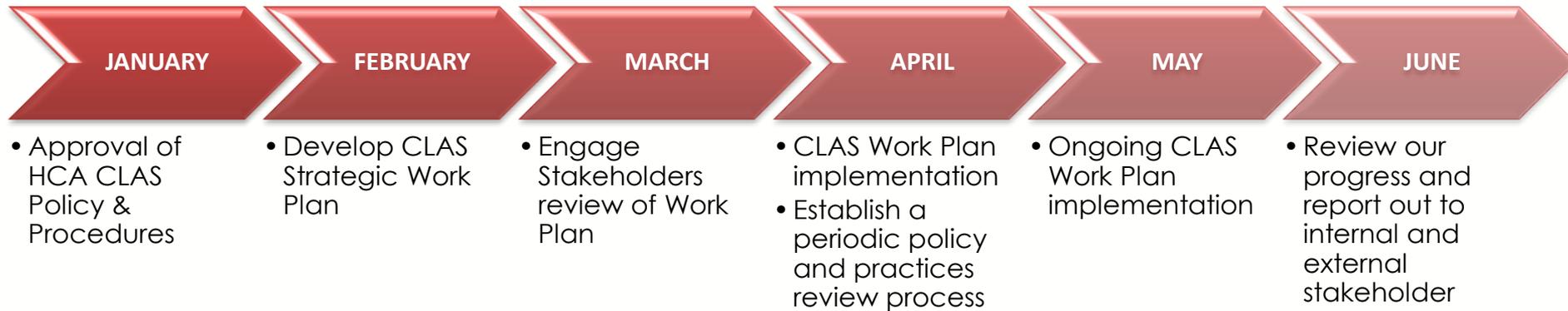
2014 CLAS PROGRESS



Major Accomplishments:

- CLAS Workgroup represents every division
- CLAS Standards in the Managed Care RFP
- CLAS Standards are priorities in HCAs Organization Realignment and Fundamentals Map

2015 CLAS PATH FORWARD



Projected Accomplishments:

- CLAS Policy & Procedures
- CLAS Strategic Work Plan
- Stakeholder Engagement
- Progress Report

For more information:

More Information:

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Washington State Essentials for Childhood

December 11, 2014

Governor's Interagency Council on Health Disparities



Today's Discussion

- Essentials for Childhood (EfC) Update
 - Background
 - Common Agenda
 - Structure and Workgroups
- Discussion
 - Alignment, integration, and mutual support between EfC and the Governor's Council

EfC Overview

The Washington Department of Health was **awarded a competitive five-year grant, Essentials for Childhood**, from the Centers for Disease Control and Prevention (CDC). The grant funds the Department of Health in collaboration with the Department of Early Learning, to support a **collective impact approach to build upon and coordinate current efforts among partners that promote safe, stable nurturing relationships and environments for children and families**. This project helps Washington State to **build on our pioneering work** educating about, and working to prevent the impacts of Adverse Childhood Experiences and toxic stress on children and families.

Essentials for Childhood Common Agenda

Vision

All children in Washington State thrive in safe, stable, and nurturing relationships and environments

Commitment

To promote safe, stable, and nurturing relationships in families, communities, and early learning and school environments. By 2025 this leads to measurable and significant improvements in children's health, development and education outcomes and eliminating equity gaps. Our initial work focuses primarily on our state's youngest and most vulnerable children and their families.

Outcomes

In Development – especially considering relationship health, community functioning and complex trauma

Cross Cutting Strategies for Change

Educate and motivate key stakeholders on brain science, ACEs, and resilience

Support community ownership, impact, and action

Spark innovative policy and financing solutions

Transform systems and services to prevent and mitigate the impact of trauma

Align systems to enable family-centered service provision

Improve data sharing and use across systems

Principles

**Bold,
Innovative**

**Population-
Level, Statewide**

**Addresses
Inequities**

**Cross-
Sector**

**Assets-
Based**

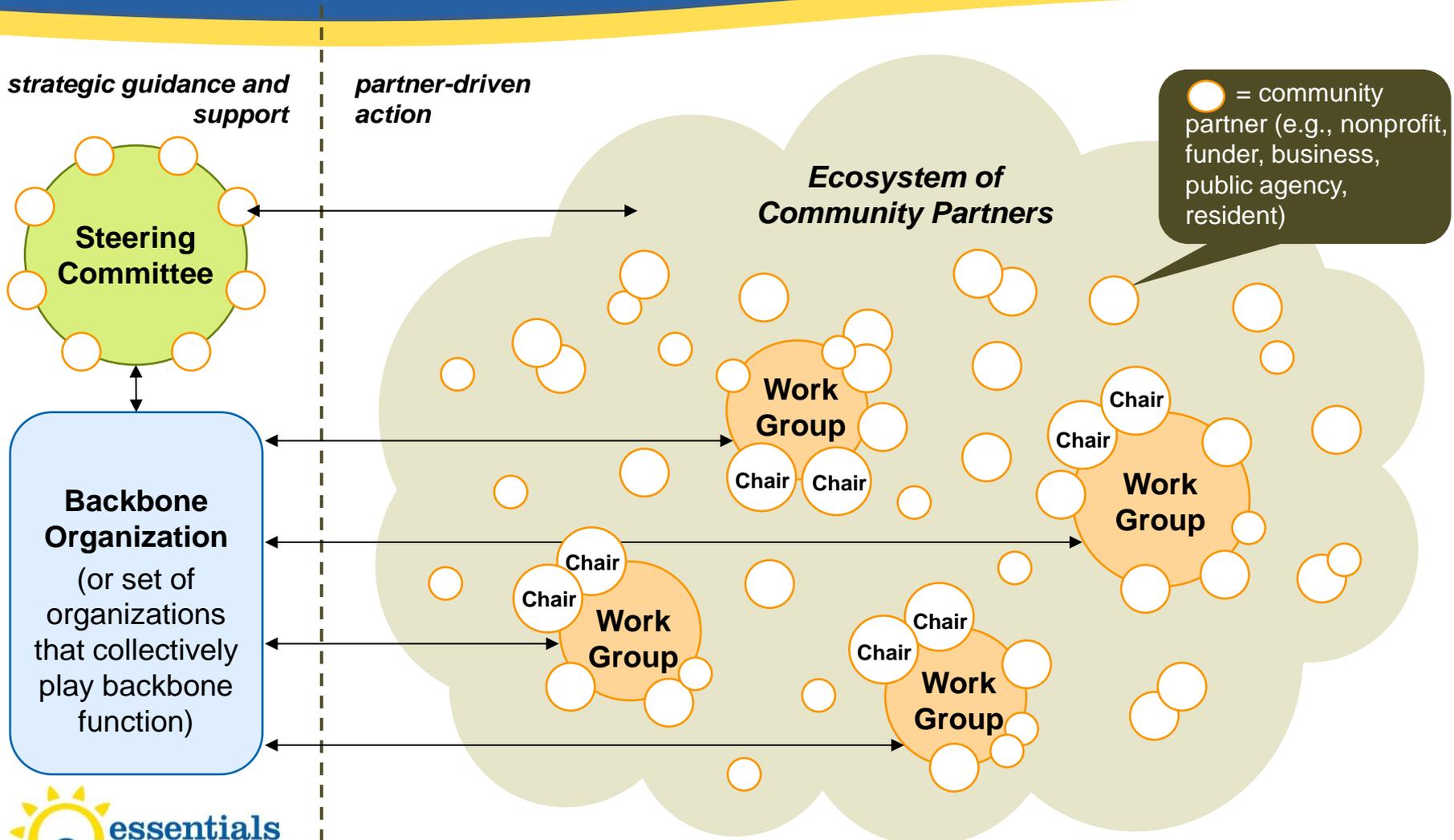
**Evidence-
Driven**

**Prevention
Focused**

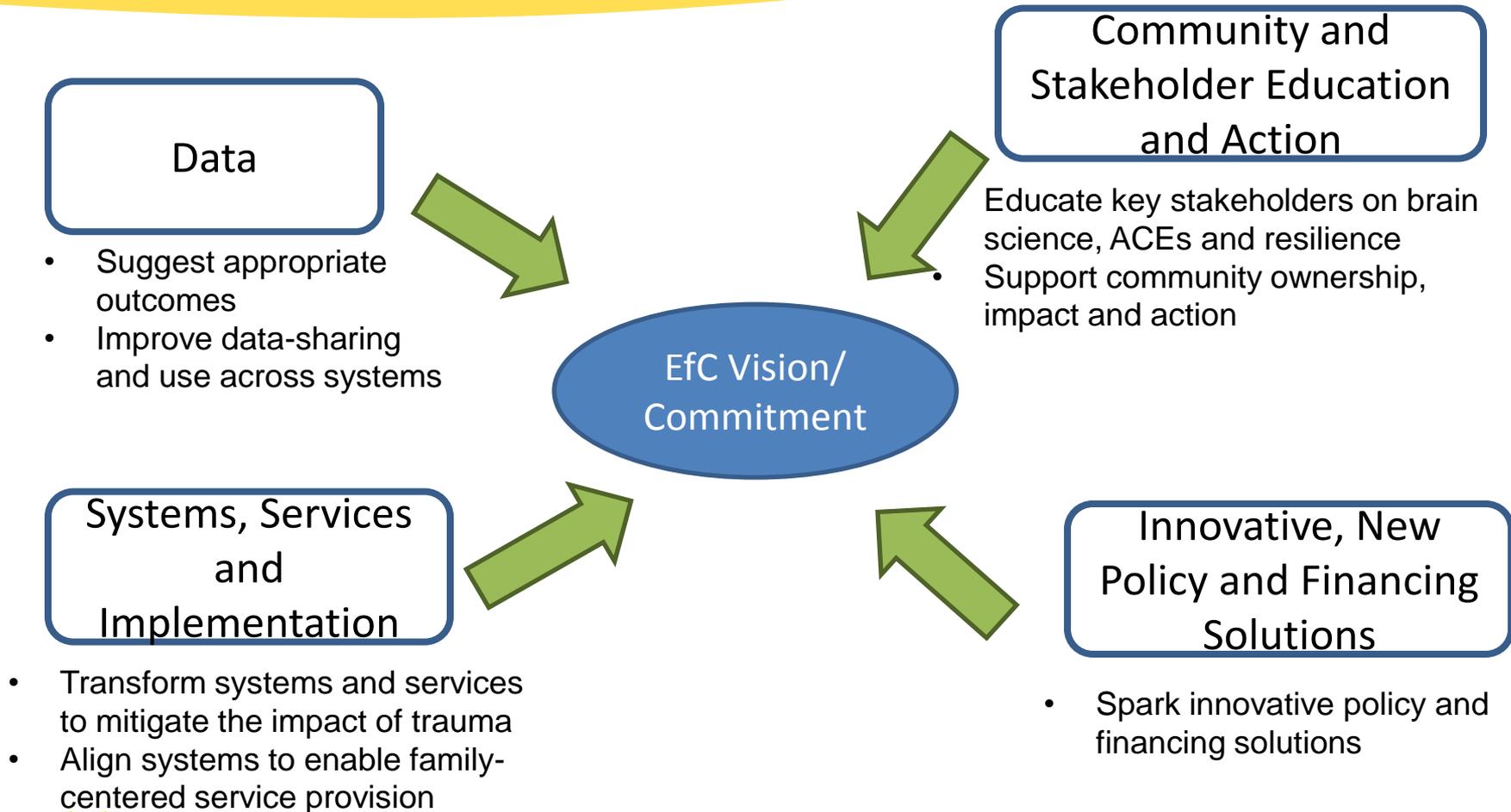
**Community
Informed**

**Builds On
Existing Work**

EfC Structure



Initial EfC Workgroups



EfC Strategy Detail by Workgroup - 1

Community and Stakeholder Education and Action Workgroup

Educate and motivate key stakeholders on brain science, ACEs and resilience



- Better and more widespread education for parents, caregivers, community members, service providers, and policy makers concerning the relationship between **brain science, ACEs, resilience and child development**

Support community ownership, impact and action



- Identify existing community-based **assets and networks** for improving child well-being
- Shift **community norms** so that everyone feels responsible for the success of children in their community – i.e., creating **child-centered communities**

Innovative, New Policy and Financing Solutions Workgroup

Spark innovative policy and financing solutions



- Identify **key policy levers** where EfC can spark new ideas or add to existing momentum
- **Break down siloes** in funding allocation; identify and re-invest cost-savings in preventive interventions or innovative financing vehicles

EfC Strategy Detail by Workgroup - 2

Systems, Services and Implementation Workgroup

Transform systems and services to prevent and mitigate the impact of trauma



- **Prevent and mitigate** the effects of trauma
- Utilize **early detection** and **surveillance** to create trauma-informed responses
- Drive the adoption of a **trauma-informed approach** to working with children and families across education, health, and social services

Align systems to enable family-centered service provision



- Place **families and children at the center** of service delivery, so they can get what they need when they need it
- Better **align and link** organizational interactions with families and children, while reducing duplication

Data Workgroup

Improve data-sharing and use across systems



- **Identify opportunities** where inter-organizational data sharing can improve service delivery
- Create **data-sharing agreements** and **link data systems** to inform decision making and action

Workgroup Process

1st Research

- Gathered ideas from multiple stakeholders including SC and Advisory Group
- Collected over 150 names of organizations and individuals
- Synthesized and narrowed the list

2nd Recruit

- Conduct 1 on 1 key informant interviews to gauge interest for co-chairs and gather input about recruitment process
- We have one confirmed and two possible workgroup co-chairs
- Work with co-chairs to recruit workgroup membership

3rd Convene

- Convene workgroups
- Establish regular meetings
- Work with co-chairs to address staffing and support needs
- Establish communication plans between EfC SC, other workgroups, and backbone team

Work Group Members Should Possess Several Ideal Characteristics

1. **Passion and Urgency.** Passionate about issue and feels real urgency for the need to change
2. **Content Expertise/Practitioner.** Familiar with subject matter to contribute substantively
3. **Representative.** [Collectively] Cross-sector, brings different perspectives on the problem, and reflects varying geographies and populations across the state
4. **Focused on the Greater Interest.** Represents need of their own organization but able to think and act in the greater interest of the community
5. **Commitment.** Willing and able to commit time and energy to attend meetings and get work done

Discussion

- How can we align and integrate our work? How can EfC and the Council support each other?
 - Council’s CLAS and language access work could be a resource for workgroups
 - Council members or associates could serve on workgroups
 - Council could be a resource to workgroups on thinking about increasing equity
 - EfC work supports improved birth outcomes (Council priority)/possible common metrics

Thank you!

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Washington State Essentials for Childhood Steering Committee

Name	Organization	Position
Dr. Bette Hyde <i>(co-chair)</i>	Department of Early Learning	Director
Dr. John Wiesman <i>(co-chair)</i>	Department of Health	Secretary
Janna Bardi	Department of Health	Director, Office of Health Communities
David Bley	Bill & Melinda Gates Foundation	Director, Pacific Northwest Initiative
Hon. Bobbe Bridge (ret.)	Center for Children & Youth Justice	President and CEO
Dr. Suzanne Broetje	Broetje Orchards / First Fruits of WA	Manager
Antony Chiang	Empire Health Foundation	President
Marsha Crane	American Indian Health Commission	Consultant
Dr. Benjamin de Haan	Partners for Our Children	Executive Director
Randy Dorn	Office of Superintendent of Public Instruction	State Superintendent
Dr. Charissa Fotinos	Washington State Health Care Authority	Deputy Chief Medical Officer
Melanie Gillespie	Foundation for Healthy Generations	Executive Director

Name	Organization	Position
Dr. Danette Glassy	American Academy of Pediatrics (Washington Chapter)	Pediatrician, AAP WA Representative
Dr. Maxine Hayes		Essentials for Childhood Scientific Advisor
Robin Higa	Community Café Collaborative of Washington	Lead Contact
Steve Leahy	ReadyNation	Washington State Director
Dr. Liliana Lengua	U. Washington, Center for Child and Family Well-Being	Director
Linda McDaniels	Parent Trust for Washington Children	Associate Director
Jason McGill	Office of the Governor	Health Policy Advisory
Dr. Astrid Newell	WA State Association of Local Public Health Officials	Whatcom County Health Dept. Community Health Manager
Dr. Mary Kay O'Neill	Coordinated Care	Chief Medical Director
Dr. David Sanders	Casey Family Programs, Systems Improvement Unit	Executive Vice President
Dr. Jill Sells	Reach Out and Read Washington State	Executive Director
Jennifer Strus	Dept. Social and Human Services, Children's Administration	Assistant Secretary
John Tunheim	Thurston County Prosecutor's Office	Prosecutor
Laura Wells	Fight Crime: Invest in Kids	State Director
Sam Whiting	Thrive By Five Washington	President and CEO
Greg Williamson	Department of Early Learning	Assistant Director, Partnership and Collaboration

Essentials for Childhood

WASHINGTON STATE



BACKGROUND

Safe, stable, nurturing relationships and environments are essential for the health and well-being of children and families. Healthy relationships serve as protective factors for children, and help them learn, grow, make healthy decisions and thrive. We believe every child should have this opportunity.

However, there are children in our state who experience poverty, trauma, violence, child maltreatment and other childhood adversity. These experiences can cause toxic stress and have a cumulative effect throughout life. They can affect children's brain development, learning ability, lifelong health and well-being. Fortunately, strategies that promote safe, stable, nurturing relationships and environments can prevent some adverse experiences and toxic stress, limit their impacts, and promote resilience.

WASHINGTON STATE'S INITIATIVE

Using a collective impact approach, partners across sectors are coming together to create the context for healthy children, families and communities. A collective impact approach is guided by a common agenda. The common agenda is a common understanding of the problem and a shared vision for change.

The Essentials for Childhood Common Agenda

OUR VISION

All children in Washington State thrive in safe, stable and nurturing relationships and environments.

OUR COMMITMENT

To promote safe, stable and nurturing relationships in families, communities, and early learning and school environments. By 2025, this leads to measurable and significant improvements in children's health, development and education outcomes and eliminating equity gaps. Our initial work focuses primarily on our state's youngest and most vulnerable children and their families.

OUR STRATEGIES

- Educate and motivate key stakeholders on brain science, adverse childhood experiences (ACEs), and resilience
- Transform systems and services to prevent and mitigate the impact of trauma
- Align systems to enable family-centered service provision
- Support community ownership, impact and action
- Improve data sharing and use across systems
- Spark innovative policy and financing solutions

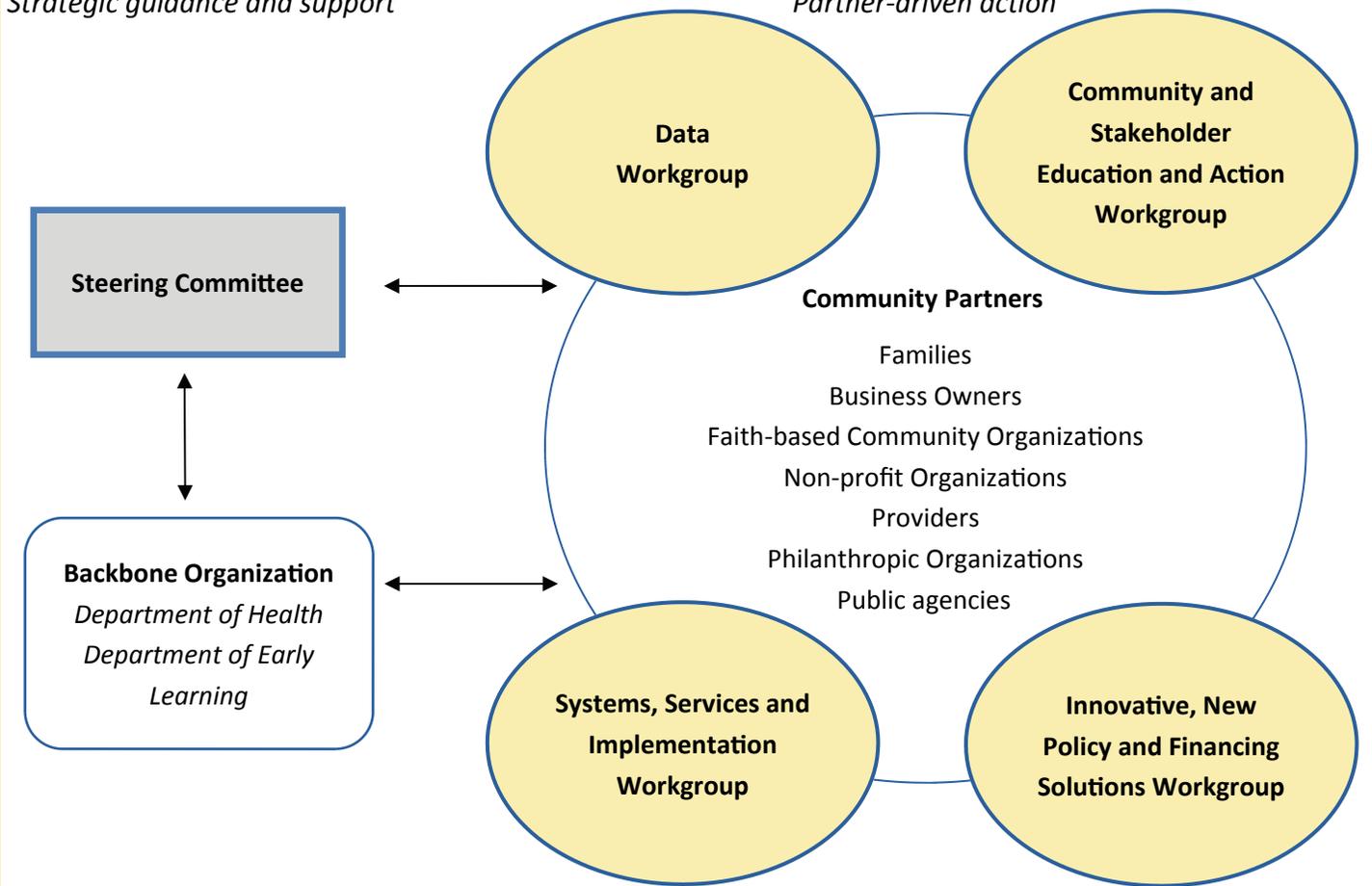
OUR PRINCIPLES

- Bold, innovative
- Population-level, statewide
- Addresses inequities
- Emphasis on prevention
- Assets-based
- Evidence-driven
- Builds on existing work
- Cross-sector
- Community-informed

OUR INITIATIVE'S STRUCTURE

Strategic guidance and support

Partner-driven action



STEERING COMMITTEE MEMBERS

American Academy of Pediatrics	Department of Health	Reach Out and Read Washington State
American Indian Health Commission	Department of Social and Health Services, Children's Administration	ReadyNation
Bill and Melinda Gates Foundation	Empire Health Foundation	Regence Blue Shield of Washington
Blue Cross Blue Shield of Washington	Fight Crime: Invest in Kids	Scientific Advisor, Dr. Maxine Hayes
Broetje Orchards/First Fruits	Foundation for Healthy Generations	Thrive by Five Washington
Casey Family Programs, Systems Improvement Unit	Health Care Authority	Thurston County Prosecutor's Office
Center for Children and Youth Justice	Office of the Governor	University of Washington, Center for Child and Family Well-Being
Children's Alliance	Office of the Superintendent of Public Instruction	WA State Association of Public Health Officials
Community Café Collaborative of Washington	Parent Trust for Washington Children	
Department of Early Learning	Partners for Our Children	

CONTACT

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Health Workforce Council: 2014 Report and Recommendations

Governor's Interagency Council on Health Disparities

December 11, 2014

Nova Gattman

Staff Coordinator, Health Workforce Council

Legislative Liaison, Workforce Board

**Workforce Training and
Education Coordinating Board**



Health Workforce Council Background & Leadership

Background

- Workforce Board first convened healthcare stakeholders in 2001
- Healthcare Personnel Shortage Task Force created in 2002
- Role formalized in statute in 2003
 - Legislative intent recognized shortages were structural, not cyclical
 - Goal: Address concerns about a significant shortage of healthcare workers
- **Changed name to Health Workforce Council in 2014**

Leadership

- **Michele Johnson, Ph.D.**, Council **Chair**, Chancellor, Pierce College
- **Suzanne Allen, M.D.**, Council **Vice-Chair**, Vice Dean for Regional Affairs, University of Washington School of Medicine

Health Workforce Council

2014 Membership

NAME	ORGANIZATION
Michele Johnson, Chair	Chancellor, Pierce College District
Suzanne Allen, Vice-Chair	Vice Dean for Regional Affairs, University of Washington School of Medicine
Dan Ferguson	Allied Health Center of Excellence
Dana Duzan	Allied Health Professionals
Eileen McNamara	Group Health Cooperative
Kathleen Lopp	Office of Superintendent of Public Instruction
Diane Sosne	Service Employees International Union (SEIU) 1199NW
Charissa Raynor	SEIU Healthcare NW Training Partnership
Marty Brown	State Board for Community and Technical Colleges
Mary Looker	Washington Association of Community and Migrant Health Centers
Deb Murphy	Washington Association of Housing and Services for the Aging
Linda Tieman	Washington Center for Nursing
Lauri St. Ours	Washington Healthcare Association
Nancy Alleman	Washington Rural Health Association
Joe Roznak	Washington State Community Mental Health Council
Bracken Killpack	Washington State Dental Association
John Wiesman	Washington State Department of Health
Ian Corbridge	Washington State Hospital Association
Roger Rosenblatt	Washington State Medical Association
Judy Huntington	Washington State Nurses Association
Daryl Monear	Washington Student Achievement Council
Eleni Papadakis	Workforce Training and Education Coordinating Board

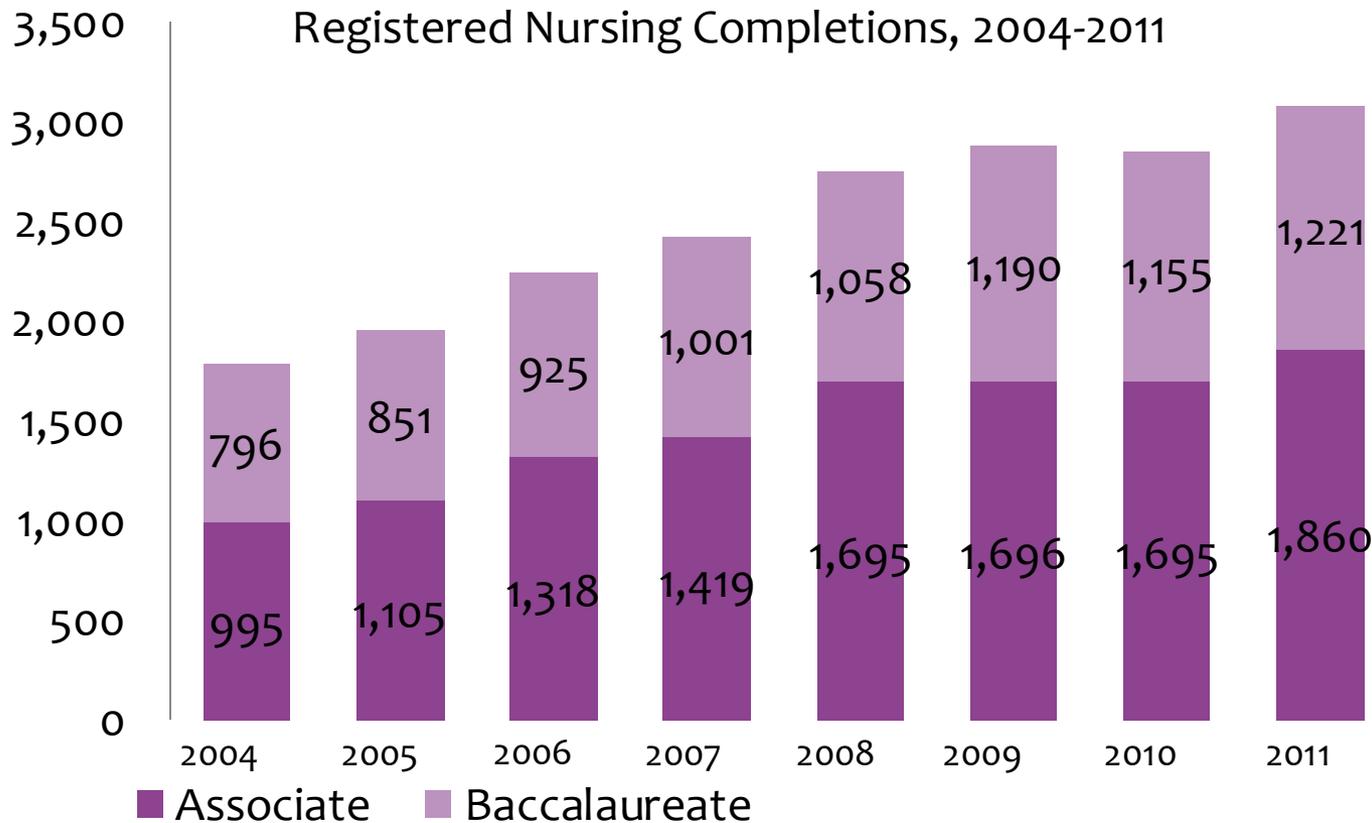
What is the Council's role?

- Facilitate collaboration among healthcare stakeholders and education providers
- Make recommendations to address healthcare personnel shortages
- Report to Governor and Legislature on progress made to address shortages
- Provide data and research about the skills shortage

What factors does the Council consider?

- Rural and urban, Eastern and Western Washington
- Increasing workforce diversity
- All types of health facilities and services
- All healthcare occupations
- Impact on quality of care, cost v. benefit
- Current budgetary climate
- Prioritizing limited resources for training and upskilling Washington's healthcare workforce

Nursing Program Completions Show Success of Council's Interagency Collaboration



Note: The Health Workforce Council led a targeted initiative to address a severe shortage of nursing professionals. This table shows the results over the initiative period.

DRAFT Council Recommendations for 2014

- Restore funding for the Health Professional Loan Repayment and Scholarship Program
- Increase post-graduate training opportunities for primary care delivery, particularly in rural and underserved areas
- Ensure stable funding for rural health workforce programs
- Provide funding for staff support for the Health Workforce Council

NOTE: Council recommendations will be finalized no later than December 31, 2014.

DRAFT Council Recommendations for 2014

(continued)

- Promote career development pathways for entry-level and paraprofessional workers
- Explore new methods to recruit healthcare faculty from healthcare employers
- Require healthcare professionals to complete a practice and demographic survey as part of their licensing requirements
- Support access to, and the application of, telemedicine as a covered and reimbursable expense for healthcare services, and train current and future workers on the effective use of telemedicine

Health Workforce Council Research: Progress in Completions in Last Five Years (1 of 2)

Program Title	2009 Completion Numbers	2013 Completion Numbers	% Change since 2009 (5 years)
Occupational Therapy Assistant	12	115	858.33%
Opticianry/Ophthalmic Dispensing Optician	4	24	500.00%
Dental Laboratory Technology/Technician	4	17	325.00%
Psychiatric/Mental Health Services Technician	11	44	300.00%
Substance Abuse/Addiction Counseling	127	381	200.00%
Physical Therapy Assistant	75	173	130.67%
Medical Records Technology/Technician	88	169	92.05%
Pharmacy Technician/Assistant	345	570	65.22%
Medical/Clinical Assistant	1465	2419	65.12%
Physician Assistant	63	100	58.73%
Medical Office Management Administration	54	85	57.41%
Vocational Rehabilitation Counseling	18	25	38.89%
Advanced Registered Nurse Practitioner	351	474	35.04%
Dental Assistant	571	730	27.85%
Clinical Laboratory Science/Medical Technology/Technologist	21	26	23.81%
Medicine – M.D.	180	222	23.33%
Dentistry	54	66	22.22%

Health Workforce Council Research: Progress in Completions in Last Five Years (2 of 2)

Program Title	2009 Completion Numbers	2013 Completion Numbers	% Change since 2009 (5 years)
Physical Therapy	97	118	21.65%
Nursing Assistant/Aide and Patient Care	1523	1819	19.44%
Associate Degree Registered Nurse	1696	2024	19.34%
Surgical Technology Program	120	141	17.50%
Baccalaureate Degree Registered Nurse	1190	1310	10.08%
Dental Hygiene	205	225	9.76%
Occupational Therapy	81	87	7.41%
Pharmacy	196	199	1.53%
Licensed Practical Nurse	1099	1110	1.00%
Veterinary Medicine	94	93	-1.06%
Naturopathic Medicine	78	76	-2.56%
Orthotist/Prosthetist	20	19	-5.00%
Optometric Technician Assistant	22	19	-13.64%
Medical Imaging (Radiology)	296	216	-27.03%
Medical/Clinical Laboratory Assistant	95	59	-37.89%
Health Unit Coordinator/Ward Clerk	132	70	-46.97%
Medical Transcription	170	82	-51.76%
Respiratory Care Therapy	67	30	-55.22%
Emergency Medical Technology/Technician	192	69	-64.06%

Selected Occupations: Percent Growth of Program Completion In Five Years

Medical/Clinical
Assistant



65.12%



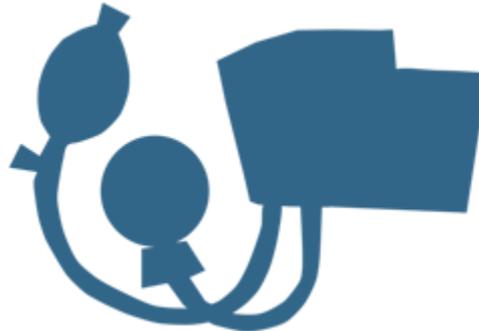
Medicine



23.33%



Nursing
Assistant/Aide and
Patient Care



19.44%



Associate Degree
Registered Nurse



19.34%



Baccalaureate
Degree
Registered Nurse



10.08%



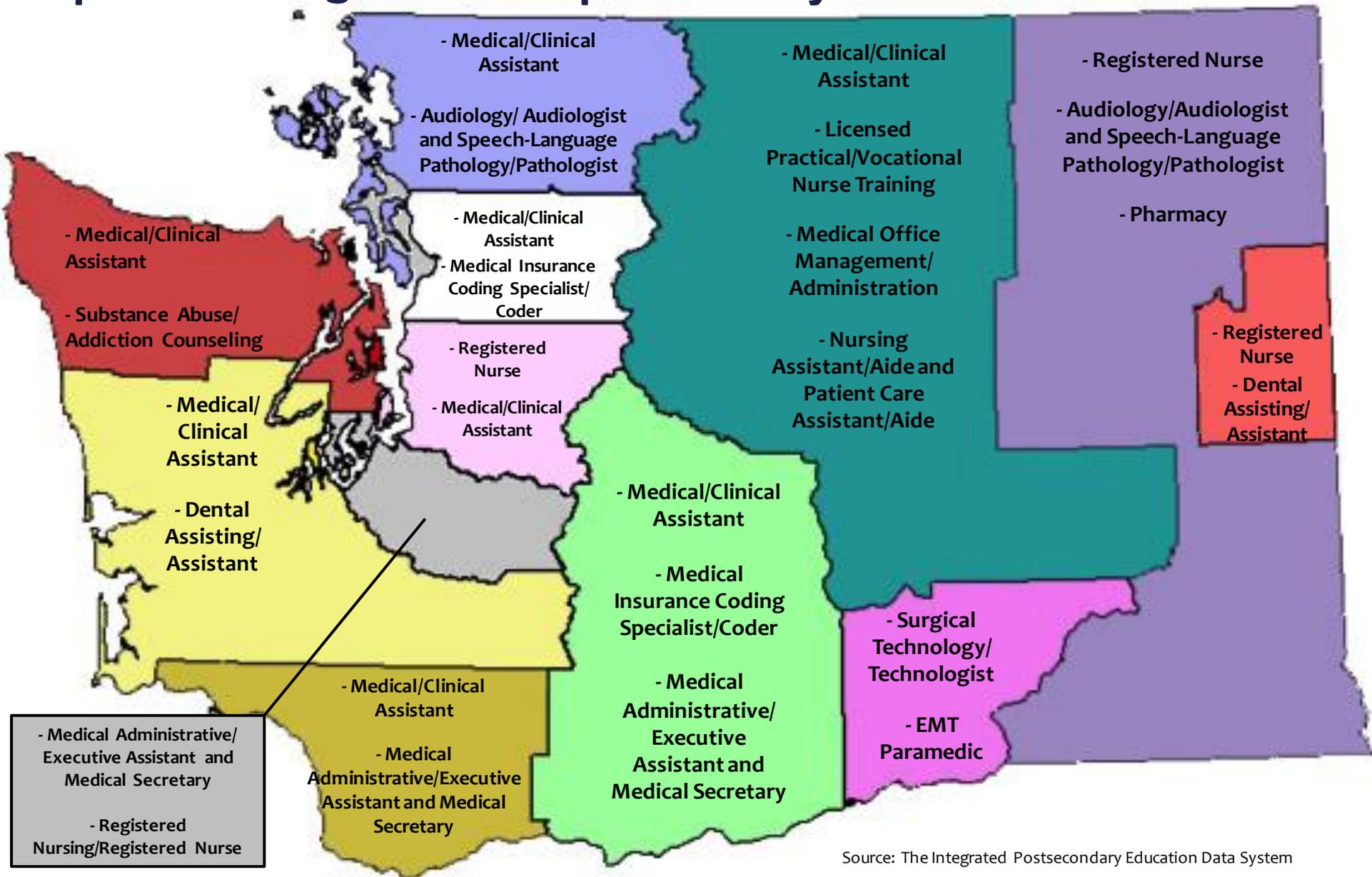
Percentage Change of Completers Between 2012-2013 (1 of 2)

Program Title	2012 Completion Numbers	2013 Completion Numbers	% Change between 2012 & 2013
Vocational Rehabilitation Counseling	10	25	60.00%
Opticianry/Ophthalmic Dispensing Optician	12	24	50.00%
Substance Abuse/Addiction Counseling	192	381	49.61%
Dental Laboratory Technology/Technician	10	17	41.18%
Occupational Therapy	66	87	24.14%
Physician Assistant	78	100	22.00%
Physical Therapy Assistant	136	173	21.39%
Occupational Therapy Assistant	92	115	20.00%
Psychiatric/Mental Health Services Technician	36	44	18.18%
Medical Transcription	68	82	17.07%
Physical Therapy	100	118	15.25%
Advanced Registered Nurse Practitioner	415	474	12.45%
Surgical Technology Program	130	141	7.80%
Licensed Practical Nurse	1029	1110	7.30%
Medicine – M.D.	211	222	4.95%
Dental Assistant	696	730	4.66%
Dentistry	64	66	3.03%

Percentage Change of Completers Between 2012-2013 (2 of 2)

Program Title	2012 Completion Numbers	2013 Completion Numbers	% Change between 2012 & 2013
Clinical Laboratory Science/Medical Technology/Technologist	26	26	0.00%
Baccalaureate Registered Nurse	1323	1310	-0.99%
Veterinary Medicine	94	93	-1.08%
Associate Registered Nurse	2046	2024	-1.09%
Dental Hygiene	229	225	-1.78%
Medical/Clinical Assistant	2476	2419	-2.36%
Orthotist/Prosthetist	20	19	-5.26%
Nursing Assistant/Aide and Patient Care	1978	1819	-8.74%
Medical Office Management Administration	94	85	-10.59%
Medical Imaging (Radiology)	244	216	-12.96%
Emergency Medical Technology/Technician	79	69	-14.49%
Pharmacy Technician/Assistant	661	570	-15.96%
Medical Records Technology/Technician	200	169	-18.34%
Respiratory Care Therapy	36	30	-20.00%
Naturopathic Medicine	104	76	-36.84%
Medical/Clinical Laboratory Assistant	82	59	-38.98%
Optometric Technician Assistant	27	19	-42.11%
Health Unit Coordinator/Ward Clerk	114	70	-62.86%

Top 2013 Program Completions by Workforce Area



Source: The Integrated Postsecondary Education Data System

Selected Healthcare Personnel: Projected Demand and Potential Oversupply

Occupational Title	New Supply	Projected Annual Net Job Openings - 2017-2022	Annual Difference Between Supply & Projected Demand
Vocational Rehabilitation Counseling	25	298	-273
Clinical Laboratory Science/Medical Technology/Technologist	26	212	-186
Health Unit Coordinator/Ward Clerk	228	400	-172
Physical Therapists	118	259	-141
Medical Doctors	222	340	-118
Dentists, General	85	200	-115
Dental Hygienists	225	336	-111
Emergency Medical Technicians and Paramedics	69	158	-89
Opticians, Dispensing	24	86	-62
Pharmacists	199	256	-57
Respiratory Therapists	30	77	-47
Dental Laboratory Technicians	17	56	-39
Occupational Therapists	87	124	-37
Registered Nurses	2,367	2,384	-17
Medical Transcriptionists	82	82	0
Physician Assistants	100	95	5
Radiologic Technologists	216	158	58
Substance Abuse Counselors	381	133	248
Licensed Practical Nurses	1,110	393	717
Medical Assistants	2,419	686	1,733

Health Workforce Council

Thank you for your interest in the Health Workforce Council!

The Health Workforce Council reports annually to the Legislature with recommendations to address Washington's healthcare personnel shortage.

For more information about Health Workforce Council activities contact:

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<http://www.wtb.wa.gov/HCTFIntro.asp>