



## Proposed Final Agenda

Wednesday • February 11, 2015

9:00 a.m. – 12:00 p.m.

Department of Health, Point Plaza East,  
Rooms 152/153

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

- |                   |  |   |
|-------------------|--|---|
| <b>9:00 a.m.</b>  | <b>CALL TO ORDER &amp; INTRODUCTIONS</b>                   | Emma Medicine White Crow, Council Chair   |
| <b>9:05 a.m.</b>  | 1. Approval of Agenda<br><i>—Action</i>                    | Emma Medicine White Crow, Council Chair   |
| <b>9:10 a.m.</b>  | 2. Approval of December 11, 2014 Minutes<br><i>—Action</i> | Emma Medicine White Crow, Council Chair   |
| <b>9:15 a.m.</b>  | 3. Announcements and Council Business                      | Christy Hoff, Council Staff   |
| <b>9:25 a.m.</b>  | 4. Open Public Meetings Act Training                       | Emma Medicine White Crow, Council Chair<br>Lilia Lopez, Office of the Attorney General                        |
| <b>9:45 a.m.</b>  | 5. Briefing—Anencephaly Cluster Investigation              | Emma Medicine White Crow, Council Chair<br>Cathy Wasserman, Department of Health                              |
| <b>10:15 a.m.</b> | 6. Briefing—Pulling Together for Wellness                  | Jamie Judkins, Shoalwater Bay Tribe<br>Jan Olmstead, Council Member<br>Frances Limtiaco, Department of Health |
| <b>11:00 a.m.</b> | <b>BREAK</b>   |   |
| <b>11:10 a.m.</b> | 7. Public Comment  |   |
| <b>11:30 a.m.</b> | 8. Update – Adverse Birth Outcomes Advisory Committee      | Emma Medicine White Crow, Council Chair<br>Christy Hoff, Council Staff  |
| <b>11:45 a.m.</b> | 9. Council Member Comments                                 |   |
| <b>12:00 p.m.</b> | <b>ADJOURNMENT</b>   |   |

PLEASE NOTE: Times above are estimates only. The Council reserves the right to alter the order of the agenda. For information regarding testimony, handouts, other questions, or for people needing special accommodation, please contact Desiree Day Robinson at the Board office at (360) 236-4110 by 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

December 11, 2014

Department of Ecology, Auditorium  
300 Desmond Drive, Lacey, WA 98503

### HDC members present:

Marietta Bobba

Gail Brandt

Vazaskia Caldwell

Emma Medicine White Crow

Kim Eads

Dawn Eichner on behalf of Diane Klontz

Nova Gattman

Mona Johnson

Millie Piazza

Gwendolyn Shepherd (phone)

Greg Williamson

### HDC members absent:

Sofia Aragon

Kameka Brown

Nora Coronado

Stephen Kutz

Frankie Manning

Willie Frank

### HDC Staff present:

Timothy Grisham, Communications Consultant

Christy Hoff, Health Policy Analyst

Yris Lance, CLAS Project Manager

Melanie Hisaw, Executive Assistant

Sierra Rotakhina, Health Policy Analyst

### Guests and Other Participants:

Preston Cody, Health Care Authority

Michelle Davis, State Board of Health

Dolly Fernandes, Department of Health

Marilyn Gisser, Department of Health

Marianna Goheen, Office of Superintendent of  
Public Instruction

Ron Hertel, Office of Superintendent of Public  
Instruction

Dawn Hooper, Department of Ecology

Megan MacClellan, Department of Ecology

Barbara Obena, Community Health Plan of  
Washington

Lisa Packard, Qualis Health

Mick Pettersen, Health Care Authority

Victor Rodriguez, Department of Health

Sierra Rotakhina, State Board of Health

Johnny Shults, Health Care Authority

Scott Waller, Department of Social and Health  
Services

Tracy Wilking, Department of Health

Emma Medicine White Crow, Council Chair, called the public meeting to order at 9:40 a.m. and read from a prepared statement (on file). Millie Piazza, Council Member, shared information about the Department of Ecology, which was hosting the meeting, and provided housekeeping and safety information.

### 1. APPROVAL OF AGENDA

*Motion: Approve December 11, 2014 agenda*

*Motion/Second: Vazaskia Caldwell/Marietta Bobba. Approved unanimously.*

### 2. ADOPTION OF SEPTEMBER 11, 2014 MEETING MINUTES

*Motion: Approve September 11, 2014 minutes*

*Motion/Second: Marietta Bobba/Vazaskia Caldwell. Approved unanimously.*

### 3. ANNOUNCEMENTS AND COUNCIL BUSINESS

Christy Curwick Hoff, Council Staff, shared recent staff changes. She introduced Robert Amy, an intern with the State Board of Health. She said the Board also recently hired David DeLong for the Environmental Health Policy Advisor position. She asked Council members to refer to the materials under Tab 3. She said the Council provided a letter of support to the Department of Health for its grant application to the U.S. Department of Agriculture through the Food Insecurity Nutrition Incentive program, which will help increase access to fruits and vegetables among low-income communities. She said the effort was a part of the Healthiest Next Generation initiative. Ms. Hoff referred members to the Council's policy on communicating with the Legislature and asked members to let her know if they saw bills of potential interest to the Council. She reminded members that during session, they have 10 days to complete Health Impact Reviews so members will likely not have opportunity to review drafts before they are finalized. She encouraged members who are interested in a particular review to connect with staff to provide their input. Greg Williamson, Council Member, recommended that Council members alert staff if they identify a bill that would be a good candidate for a health impact review. Ms. Hoff outlined the timeline for convening the Council's advisory committee on adverse birth outcomes. Vazaskia Caldwell, Council Member, asked if the committee will include community members—Ms. Hoff said that it would.

### 4. BRIEFING - SUICIDE PREVENTION

Chair Medicine White Crow introduced the agenda item, commenting on how this is a serious and very important issue in Indian country. Marietta Bobba, Council Member thanked Chair Medicine White Crow for including this briefing on the agenda and introduced the speakers. Dolly Fernandes, State Director for EMS, Trauma, Injury and Violence Prevention at the Department of Health, gave her presentation (on file under tab 4). Ms. Fernandes shared data on suicide in Washington State. She said rates for American Indian/Alaska Natives and whites were highest. Member Caldwell asked if rates were higher for adolescents and Mona Johnson, Council Member agreed that rates by age would be helpful. Ms. Fernandes said she would send those data to staff to circulate. Ms. Fernandes said that during the last legislative session, a bill passed requiring a state plan for suicide prevention by November 2015. Chair Medicine White Crow asked how the plan is intersecting with the work in Tribal communities. Ms. Fernandes said they are required to include Tribal governments on their steering committee and asked for recommendations. Gail Brandt, Council Member, asked about the wide confidence interval for the AI/AN rate and Ms. Fernandes said she did not know the reason and added that the number of suicides among AI/AN populations might be an underestimate. Members discussed how deaths that occur in a vehicle accident or overdose are often not identified as suicides. Ms. Fernandes shared that they received a National Violent Death Reporting System Grant, which provides funding for a staff person who will help with improving data collection beyond death certificates. She also shared information about a Youth Suicide Prevention Grant, which will aid in follow up for people after hospital discharge to ensure the family is connected to helpful services. Through the grant, there will be significant work with tribes and LGBTQ communities. Member Caldwell asked if there were suicide data broken out by LGBT status. Ms. Fernandes said those data were not available on the death certificate. Chair Medicine White Crow suggested they connect to urban Indian organizations because many AI/AN LGBT people get care with urban Indian health centers. Member Williamson asked if conversations with the medical community and coroners were occurring to discuss possible underestimates of suicide on the death certificate. Ms. Fernandes said they were. Chair Medicine White Crow suggested that the conversations should include how to classify race/ethnicity accurately as well.

Ron Hertel, Program Supervisor for Student Mental Health and Wellbeing at the Office of Superintendent of Public Instruction, highlighted the Compassionate Schools Initiative, which considers adverse childhood experiences (ACEs) that children face. He said sharing information about ACEs with school employees has allowed employees to identify signs of suicide risk with students. Mr. Hertel outlined the content of House Bill 1336 (2013). He said they developed a model policy for schools to develop suicide prevention plans. They also provided training to the Education Service Districts (ESD) on youth suicide prevention. The ESDs can in turn provide training to school district staff. He said they also provided mental health first aid training for school and community members to help address the needs of vulnerable youth. Mr. Hertel outlined the content of Senate Bill 6431, which focuses on identifying the highest need areas of the state about youth suicide. Member Williamson asked for additional information on mental health first aid. Mr. Hertel said that it is an introductory level training that does not require a background in mental health. Member Johnson said that the ESDs are also providing trainings in addition to those outlined in the presentation, adding that she can share the dates with the member if they are interested.

Scott Waller, Systems Integration Manager for the Division of Behavioral Health and Recovery in the Behavioral Health Services Integration Administration at the Department of Social and Health Services, said that the three agencies and their partners are working together to determine how they can best leverage resources and focus on areas of the state in high need. Mr. Waller said that their prevention efforts have historically focused on substance abuse prevention, largely due to funding requirements. He said that they recently developed a prevention fund that allows them to explore other areas and incorporate them into the state plan. He said they are using their mental health block grant to get resources specifically out to Tribes. He said there are 52 prevention coalitions across the state that have not historically focused on mental health and suicide prevention. They can now use mini block grants to support the coalitions in focusing on these areas at a community level. Mr. Waller extended an offer to the Council to come back and provided updates as they move forward. Kim Eads, Council Member, said the Department of Agriculture works with meal programs throughout the state, and they can help to share information through those programs.

## **5. UPDATE – HEALTHIEST NEXT GENERATION**

Chair Medicine White Crow introduced the topic and talked about her participation at the Governor's Healthiest Next Generation Council meeting. Member Brandt introduced Tracy Wilking, Healthiest Next Generation Coordinator for the Department of Health. Ms. Wilking thanked the Council for its participation in the Healthiest Next Generation (HNG) initiative. She acknowledged Members Johnson and Williamson as leaders in agencies that are partners on the HNG work. She gave her presentation (one file under Tab 5) and referred members to handouts in their packets. She provided a review of the initiative, including the preliminary list of recommendations. She then reviewed the ten recommendations and stressed that they were only recommendations at this time. Member Caldwell asked for more information late start for high schools. Ms. Wilking said it came from the recognition that teenagers have a difficult time getting up to start school early. Member Johnson added that research supports a later start for all students– not just high school students. Member Williamson added that the recommendation was added during the Governor's Council meeting. Member Brandt asked if the ten recommendations were prioritized or all equally weighted and if estimated costs were assigned. Ms. Wilking said she did not think they were prioritized and that the Department of Health provided some cost estimates. Nova Gattman, Council Member, asked if there were any discussion about local or farm-to-school programs. Ms. Wilking said they were included in the preliminary recommendations. She said the

HNG mid-year report will include the longer list of recommendations. Member Gattman said the programs gives kids buy-in into their nutrition. Member Eads said the local and farm to school programs are related to Results Washington Goal 4. Member Caldwell suggested that an equity impact review should be conducted for all recommendations before they are implemented. Ms. Wilking provided updates on other HNG activities, including enhancing the Early Childhood Education and Assistance Program (standards, revising quality health and fitness standards, identification of toolkits, development of a mentoring system, and establishing performance metrics.

## 6. PUBLIC COMMENT

Chair Medicine White Crow read from a prepared statement (on file). Ms. Hoff referred members to a letter submitted by Ms. Ellicott Dandy, Policy Associate with One America, which had some recommendations for how the Council could help to further environmental justice. Member Piazza suggested that she and Ms. Hoff should follow up and schedule a meeting with Ms. Dandy to discuss further.

## 7. REVIEW MEETING SCHEDULE

Ms. Hoff reviewed the proposed 2015 meeting schedule available under Tab 7. A few members indicated they had conflicts with dates, but that they could send someone in their places.

***Motion:** The Council adopts the 2015 meeting schedule as submitted on December 11, 2014.*

***Motion/Second:** Vazaskia Caldwell/Mona Johnson. Approved unanimously.*

## 8. REVIEW ACTION PLAN UPDATE

Chair Medicine White Crow referred Council members to the memo under Tab 8. She reminded members that the Council's report to the Governor and Legislature is due at the end of the month and that this is their opportunity to review the draft report and offer recommendations. Ms. Hoff walked members through the report, including sections on the Healthiest Next Generation, language access, the National Standards for Culturally and Linguistically Appropriate Services (CLAS), health impact reviews, Council members, past Council reports, and the appendix, which included the language access survey summary. She said she received some written feedback from Council Member Sofia Aragon, who was unable to attend the meeting. Member Aragon suggested that the first bullet at the bottom of page 3 could be edited for clarity. Member Gattman suggested that in the health impact review section the definition of what a health impact review is should be moved to the front. Member Caldwell said that the report is well written and reflects the work of the Council.

***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.*

***Motion/Second:** Greg Williamson/Nova Gattman. Approved unanimously.*

*The Council recessed for lunch at 12:00p.m. and reconvened at 1:03 p.m.*

## 9. CLAS PROJECT UPDATE

Chair Medicine White Crow introduced Yris Lance, Council Staff. Ms. Lance provided brief updates on the Council's grant project to promote adoption of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) and said that today they would be receive more detailed updates on activities within the Department of Ecology and the Health Care Authority. Member

Piazza said the Department of Ecology's work affects all residents and they have had a long-standing dedication to providing services to diverse communities. She said the agency is committed to developing an environmental justice and civil rights strategic plan, which will include a language access plan. She introduced Megan MacClellan, Department of Ecology, who was recently hired to develop the plan. Ms. MacClellan said Ecology recently convened a workgroup, which is composed of representatives appointed from each division. Workgroup members are currently doing an assessment of current language access procedures. She is also developing a vital documents translation protocol and will work with one program to pilot the protocol. She plans to have a first draft of their language access plan in early 2015. The plan will then go through review with plans to complete in the Spring. Ms. MacClellan said that they held the CLAS training developed by the Council. Participants primarily included Ecology employees who worked with and provided outreach to diverse communities. The participants were hoping for very practical strategies but felt like the action items in the training were more applicable for management.

Member Caldwell introduced Cody Preston and Mick Petterson, Health Care Authority. Mr. Preston thanked the Council for the invitation and went through his presentation (on file under Tab 9). He highlighted that they have included the CLAS standards in their Medicaid contracts. He also highlighted their CLAS work team, which consists of volunteers from across the agency. Mr. Petterson said the executive team agreed to adopt the standards agency wide. He said they surveyed every division in the agency and used that as a platform for moving forward. Member Caldwell said they were able to incorporate CLAS into their managed care contracts. They provided training for the team. They collected assessment data across the agency to show the activities they are already doing related to the standards. She said they are incorporating CLAS into their realignment. She said their workgroup had divided into two groups – one is working on policy development and the other is developing a value proposition document to share with staff about why CLAS is important. She also highlighted future work, including development and implementation of their work plan.

## **10. UPDATE – ESSENTIALS FOR CHILDHOOD**

Member Brandt introduced Marilyn Gisser and Victor Rodriguez, Department of Health, who gave their presentation (on file behind Tab 10). Ms. Gisser gave an overview of the Essentials for Childhood project. She said they are aligning related efforts in a common agenda and emphasized that it is a collective impact project. Mr. Rodriguez said they are interviewing people to identify workgroup members and chairs. He emphasized that because state agencies are not as diverse as they should be, that they need to take extra steps to promote diversity and find equity. He asked for input on how to make their processes equitable and how we can pool resources to help support costs for workgroup members who otherwise would not be able to participate. Member Williamson stressed that Council members should really connect with their own networks to identify community members who can participate. Mr. Rodriguez shared suggestions for how the Council could align and integrate its work with Essentials for Childhood. Chair Medicine White Crow said she would share the presentation with the Equal Start Community Coalition. Marietta Bobba, Council Member, asked how foster children are included in this work. Member Williamson confirmed that foster youth and others are included in the target population. He added that there is an intergenerational focus to the work. Member Johnson suggested that they continue the process of having Essentials for Childhood updates at Council meetings and Chair Medicine White Crow agreed. Ms. Gisser said they were also recruiting for an Executive Director position and encouraged Council members to share the job announcement. Member Eads suggested that some of the mandatory requirements might be better as preferred requirements so they could recruit from a larger pool of candidates.

### 11. BRIEFING HEALTH WORKFORCE COUNCIL

Member Gattman said she is the staff coordinator for the Health Workforce Council. She gave her presentation (on file behind Tab 11). She shared the history of the Council and its responsibilities. She also shared the draft Council recommendations, which will be finalized by December 31, 2014. She shared data on healthcare professions that are increasing and decreasing in supply. She also provided data on projected demand and potential oversupply.

### 12. BRIEFING – PUBLIC HEALTH PREPAREDNESS AND COMMUNICATION ABOUT EBOLA

Member Brandt directed Council Members to the Department of health website, where she said the Department had a lot of information and resources on Ebola. She said that if Council members had any comments or suggestions for the site, she would bring them back to the communications division. She highlighted that there have been no confirmed cases of Ebola in Washington state. She then walked Council Members through the website, highlighting where they could find information translated into other languages and where members of the public could ask questions about Ebola.

### 13. COUNCIL MEMBER COMMENTS AND UPDATES

Member Eads said each year they prepare a report with data on the number of clients accessing state emergency food assistance by county. She said this year's report showed an increase of 7% over last year. She said they are working on healthier food options. She added that members might be interested in the movie, *The Hundred Foot Journey*, which she highly recommends.

Dawn Eichner, participating on behalf of Council Member Diane Klontz for the Department of Commerce, thanked the Council for welcoming her. She said the Department of Commerce is continuing their work on homelessness and engaging in discussions around human trafficking.

Member Caldwell said she is giving a training on "Race the Power of an Illusion" tomorrow. She said the training is for staff at the Departments of Social and Health Services, Health, and Health Care Authority, but there is enough space for other Council members to attend.

Member Brandt said the Department of Health is administering a survey to collect for its Maternal and Child Health block grant application. She said they were also conducting interviews with community members about how the Department could better work with communities to promote equity and asked for suggestions for who should be interviewed. Chair Medicine White Crow suggested that people might be more open to sharing information if interviews were anonymous.

Member Piazza provided an update on the Regional Health Equity Council, which is focused on CLAS and language access.

Member Bobba said the Department of Social and Health Services is beginning a project to understand the needs of adults who are eligible for a nursing home and to determine if they might be better served by community based services. She said they are working with the Health Care Authority on a tribal specific health home contract for people with chronic conditions.

### ADJOURNMENT

Chair White Crow adjourned the meeting at 3:29 p.m.



STATE OF WASHINGTON  
GOVERNOR'S INTERAGENCY COUNCIL ON HEALTH DISPARITIES

Washington State Board of Health

PO Box 47990 • Olympia, Washington 98504-7990

December 17, 2014

Michael Yost, MS, PhD  
Professor and Chair,  
Department of Environmental and Occupational Health Sciences  
University of Washington  
1959 NE Pacific Avenue, Box 357234  
Seattle, WA 98195

Re: Center of Excellence on Latina Environmental Health Disparities

Dear Dr. Yost:

The Governor's Interagency Council on Health Disparities is pleased to provide this letter in strong support for the University of Washington Center of Excellence on Latina Environmental Health Disparities. The combination of research and outreach efforts that improve the health of Latinas in Washington state is a very important area for ongoing and new partnerships. Moreover, the Center's research collaboration with the UW Latino Center for Health distinguishes this as a culturally-responsive endeavor. The high rates of environmental health disparities, your previous research on environmental health in the Northwest, and the communities' prioritization and partnership around these issues make an impressive case for this new Center.

The Health Disparities Council is responsible for developing recommendations to eliminate the state's persisting health inequities. Environmental hazards and the resulting health inequities have been a priority for the Council. The proposed Center will provide the needed evidence on the complex relationships between air pollution exposures, environment, social and work-related stresses that the Council can use in developing its recommendations. We look forward to seeing the results of the Center's research translated into useful and practical information for the Latina communities in our state.

We enthusiastically endorse this project and look forward to working with you and your community and academic research team on this important and worthwhile endeavor.

Sincerely,

Emma Medicine White Crow, Chair



**DATE:** February 11, 2015

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

**FROM:** Emma Medicine White Crow, Chair

**SUBJECT: OPEN PUBLIC MEETINGS ACT TRAINING**

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**Background and Summary:**

RCW 42.30, the Open Public Meetings Act (OPMA), requires public agencies, including the Council, to conduct meetings in a manner that is open to the public. During the 2014 legislative session, the Legislature amended the OPMA. One of the new requirements is that all members of governing bodies must receive training about this law at least once every four years.

Today Lilia Lopez, the Assistant Attorney General assigned to the Washington State Board of Health, will share a brief training on the OPMA. She will provide some background, identify the types of meetings and actions that are subject to the OMPA, and respond to any questions Council members may have.

**Recommended Council Action:**

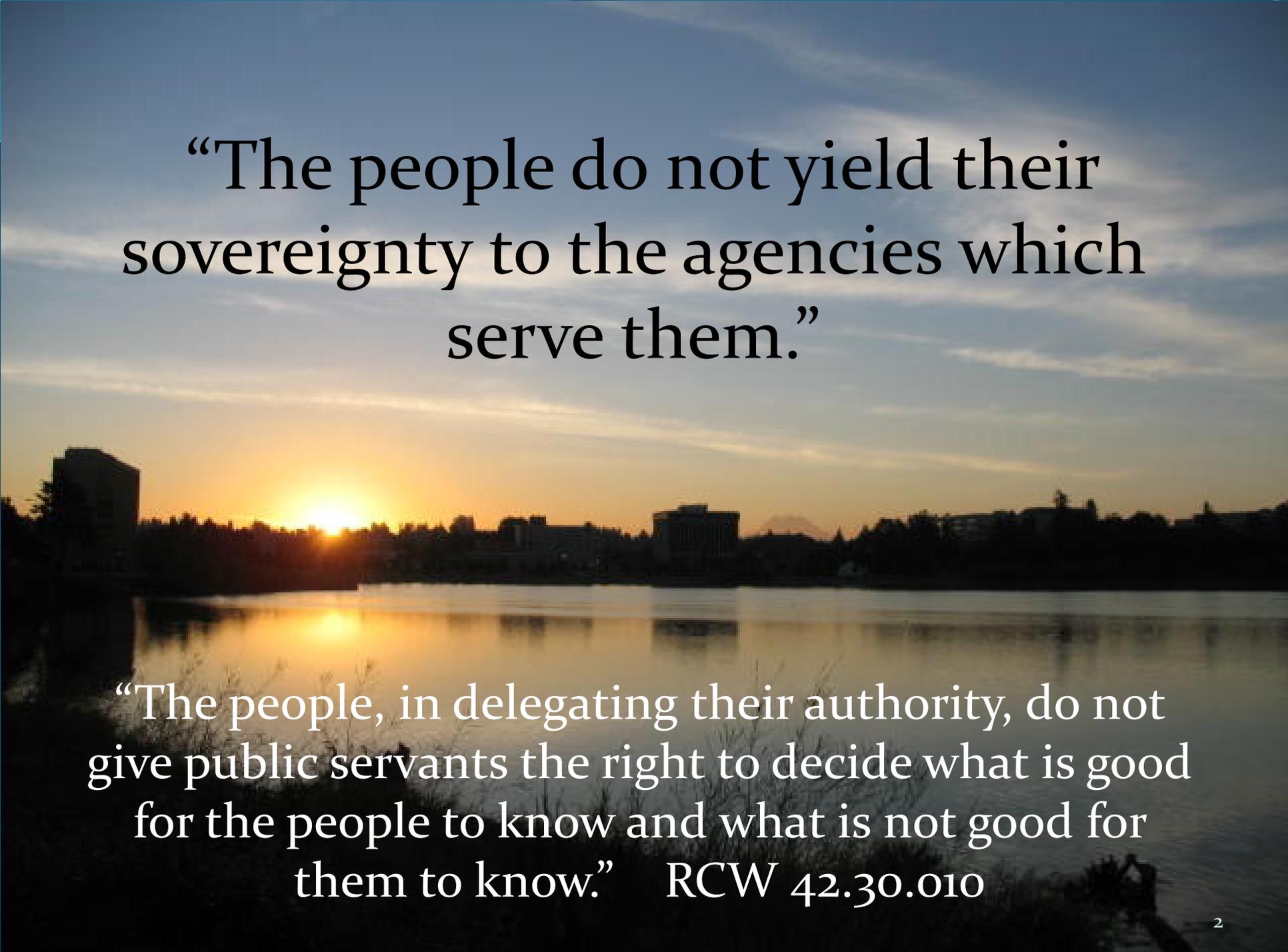
None

# OPEN PUBLIC MEETINGS

## Chapter 42.30 RCW The Open Public Meetings Act

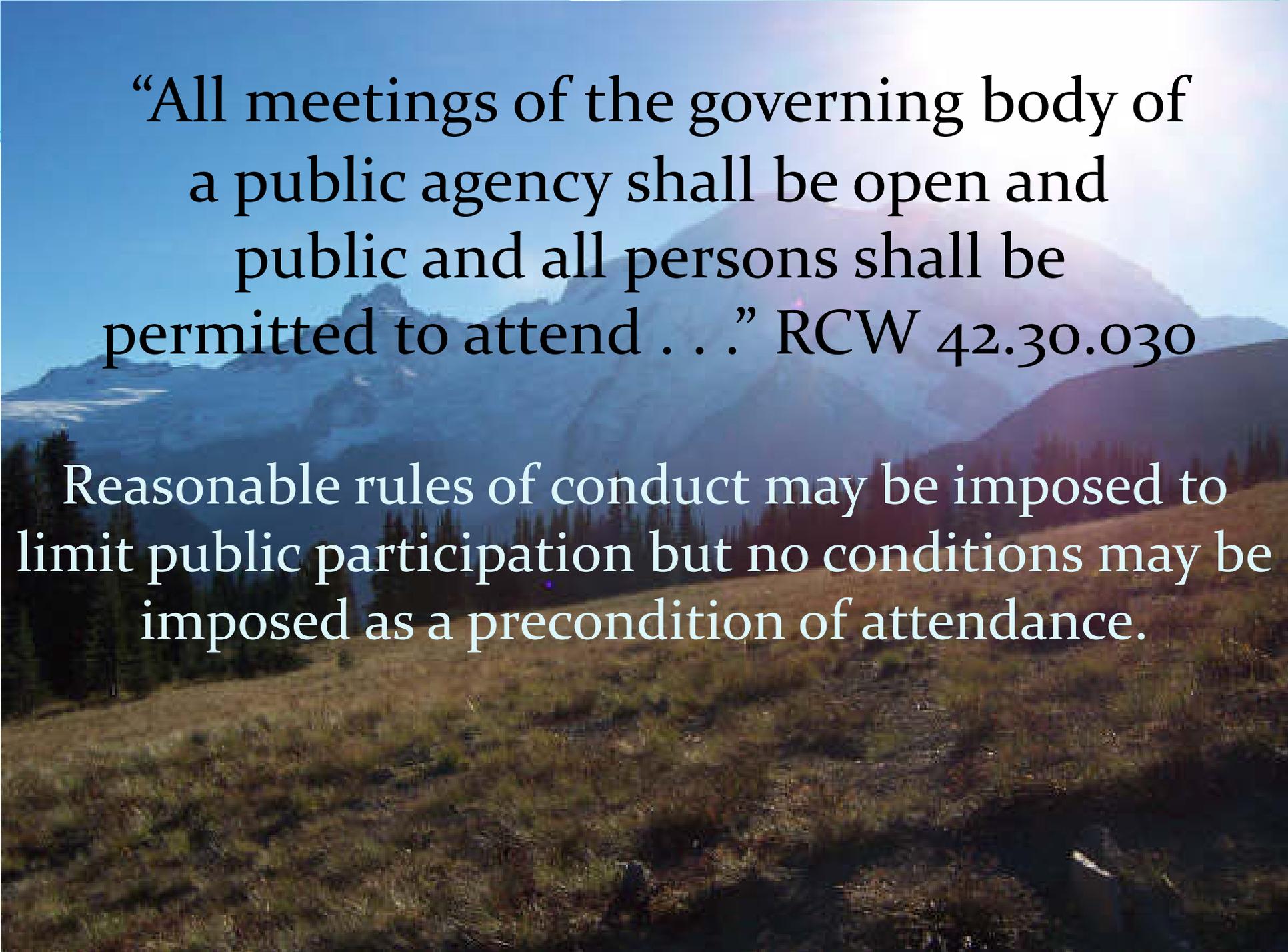
Washington State Attorney General's Office  
Agriculture and Health Division

2014

A sunset over a city skyline reflected in a body of water. The sun is low on the horizon, casting a golden glow across the sky and reflecting on the water. The city buildings are silhouetted against the bright sky.

“The people do not yield their  
sovereignty to the agencies which  
serve them.”

“The people, in delegating their authority, do not  
give public servants the right to decide what is good  
for the people to know and what is not good for  
them to know.” RCW 42.30.010

A scenic landscape featuring a grassy field in the foreground, a line of evergreen trees in the middle ground, and a range of mountains in the background under a clear blue sky. The text is overlaid on this background.

“All meetings of the governing body of a public agency shall be open and public and all persons shall be permitted to attend . . .” RCW 42.30.030

Reasonable rules of conduct may be imposed to limit public participation but no conditions may be imposed as a precondition of attendance.



This law applies to any multimember board, commission, council, committee, subcommittee, or other policy or rule-making body of a public agency.

**RCW 42.30.010; 42.30.020(2)**

# What meetings are subject to the Open Public Meetings Act?

- ✓ Meetings at which action is taken
- ✓ Meetings at which there is a quorum
- ✓ Meetings of any committee of the board when the committee acts on behalf of the board, conducts hearings, or takes testimony or public comment

# The Open Public Meetings Act does not apply to:

- ✓ Proceedings involving professional, occupational, and business licensing;
- ✓ Quasi-judicial matters between named parties;
- ✓ Matters governed by the Administrative Procedure Act (RCW 34.05);
- ✓ Collective bargaining sessions or grievance proceedings.

These can be conducted separately or designated on the agenda as “deliberative sessions.”



# Public Notice

- ✓ Date, time, and place of Regular Meetings must be filed yearly with the Code Reviser by January 1.
- ✓ The Schedule/Agenda for Special Meetings must be provided at least 24 hours in advance, by:
  - ✓ Sending it by mail, fax, e-mail or in person to all board members, and each local newspaper, radio, and TV station which has requested notice; and
  - ✓ Posting it on the agency website, if it has one.

# The Agenda



- ✓ In a Regular Meeting, the board can take action on any matter, as notice has been published in the State Register.
- ✓ In a Special Meeting, final disposition shall not be taken on any matter not on the agenda. Posted times on the agenda should be honored as much as possible because the public may have relied on the published schedule.

# What is “action”?

**"Action" means the transaction of the official business of the board or commission and includes:**



- ✓ Public testimony
- ✓ Deliberations
- ✓ Discussions
- ✓ Reviews
- ✓ Evaluations
- ✓ Final Action . . .

“Final action” is a final vote by a majority of the Board or Commission or a “committee thereof.”

- ✓ Must be taken in public, even if deliberations were in closed session.
- ✓ Secret ballots are not allowed.

A meeting occurs whenever there is action, including the discussion, deliberation, or evaluation that may lead to a final decision—*whether or not* final action is taken.

Are subcommittees subject to the requirements of the open public meetings act?

It depends. A task group or subcommittee composed of less than a quorum that merely makes recommendations does not have to conduct a public meeting as long as the board is not a “rubberstamp,” but fully discusses the issue at an open public meeting.

If the subcommittee conducts hearings, takes testimony or public comment, or is empowered to “act” on behalf of the board, it must conduct a public meeting.

# E-mail conversations can be a meeting if:



- ✓ A quorum of the members of the Board or Commission participate in the e-mail exchange;
- ✓ Members collectively intend to transact official business; or
- ✓ Members communicate about issues that may or will come before the body for a vote.

Hint: Don't click "Reply All" because that creates a quorum!

This also applies to  
conversations by  
telephone or in person



Do not attempt to avoid the intent of the  
open meeting requirement by meeting in  
smaller groups to discuss board issues.



Successive, separate “meetings,” held  
in private to resolve issues which are  
then voted on in public, have been  
held to be a violation of the law.

*Wood v. Battle Ground School Dist.*, 107 Wn. App.  
550, 5621 (2001).

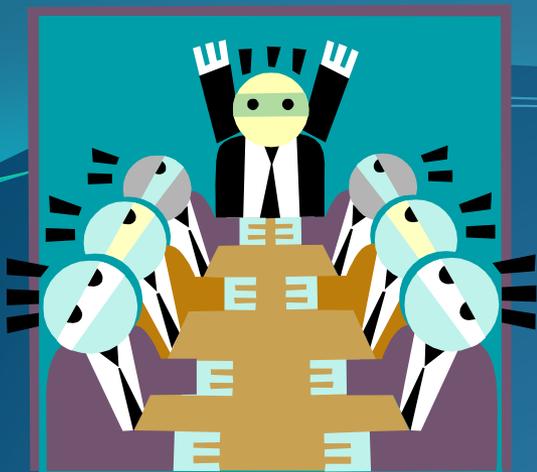


# Executive Session

RCW 42.30.110

The public may be excluded to allow the governing body to convene in an executive session only for very specific purposes.

The purpose of the executive session and the time it will end must be announced by the presiding officer.



An executive session may be held to address such matters as:

- The selection, acquisition, sale or lease of real estate
- Review of negotiations on the performance of publicly bid contracts
- Evaluation of the qualifications of applicants for public employment
- Meeting with legal counsel regarding enforcement actions, litigation, or potential litigation



But—executive session is not permitted just because legal counsel is present.

“Potential litigation” means:

- Litigation which has been specifically threatened or the board believes will be commenced by or against the agency, board, or member;
- Litigation or legal risks of proposed action or current practice that the agency has identified when public discussion is likely to result in adverse legal or financial consequences.



And—once in executive session, action is limited to what is authorized by the relevant exception.

*Miller v. City of Tacoma*, 138 Wn.2d 318, 324 (1999).

For example, if an executive session is convened to *discuss* terms of a settlement with its attorney and to receive legal advice , when discussion ends, so must the executive session. The collective decision to accept or reject the terms must occur in open session.

# What's OK and what's not?



Can we meet privately in groups smaller than a quorum to solve issues before the meeting?

No. Discussion of official business would be action, triggering the requirements of the Act.

Can we travel or eat together?

Yes, as long as no action is taken.

# Penalties for Violating the Law

- ✓ A Superior Court can impose a \$100 civil penalty against each member (a violation is civil in nature, so not considered a crime)
- ✓ Judge will award costs and attorney fees to a successful party seeking the remedy
- ✓ Action taken at an improperly closed meeting can be declared null and void

Consider also the potential publicity and effect on your reputation.

## **Chapter 42.30 RCW OPEN PUBLIC MEETINGS ACT**

### **42.30.010 Legislative declaration.**

The legislature finds and declares that all public commissions, boards, councils, committees, subcommittees, departments, divisions, offices, and all other public agencies of this state and subdivisions thereof exist to aid in the conduct of the people's business. It is the intent of this chapter that their actions be taken openly and that their deliberations be conducted openly.

The people of this state do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created.

[1971 ex.s. c 250 § 1.]

### **42.30.020 Definitions.**

As used in this chapter unless the context indicates otherwise:

(1) "Public agency" means:

(a) Any state board, commission, committee, department, educational institution, or other state agency which is created by or pursuant to statute, other than courts and the legislature;

(b) Any county, city, school district, special purpose district, or other municipal corporation or political subdivision of the state of Washington;

(c) Any subagency of a public agency which is created by or pursuant to statute, ordinance, or other legislative act, including but not limited to planning commissions, library or park boards, commissions, and agencies;

(d) Any policy group whose membership includes representatives of publicly owned utilities formed by or pursuant to the laws of this state when meeting together as or on behalf of participants who have contracted for the output of generating plants being planned or built by an operating agency.

(2) "Governing body" means the multimember board, commission, committee, council, or other policy or rule-making body of a public agency, or any committee thereof when the committee acts on behalf of the governing body, conducts hearings, or takes testimony or public comment.

(3) "Action" means the transaction of the official business of a public agency by a governing body including but not limited to receipt of public testimony, deliberations, discussions, considerations, reviews, evaluations, and final actions. "Final action" means a collective positive or negative decision, or an actual vote by a majority of the members of a governing body when sitting as a body or entity, upon a motion, proposal, resolution, order, or ordinance.

(4) "Meeting" means meetings at which action is taken.

[1985 c 366 § 1; 1983 c 155 § 1; 1982 1st ex.s. c 43 § 10; 1971 ex.s. c 250 § 2.]

#### **42.30.030 Meetings declared open and public.**

All meetings of the governing body of a public agency shall be open and public and all persons shall be permitted to attend any meeting of the governing body of a public agency, except as otherwise provided in this chapter.

[1971 ex.s. c 250 § 3.]

#### **42.30.040 Conditions to attendance not to be required.**

A member of the public shall not be required, as a condition to attendance at a meeting of a governing body, to register his or her name and other information, to complete a questionnaire, or otherwise to fulfill any condition precedent to his or her attendance.

[2012 c 117 § 124; 1971 ex.s. c 250 § 4.]

#### **42.30.050 Interruptions — Procedure.**

In the event that any meeting is interrupted by a group or groups of persons so as to render the orderly conduct of such meeting unfeasible and order cannot be restored by the removal of individuals who are interrupting the meeting, the members of the governing body conducting the meeting may order the meeting room cleared and continue in session or may adjourn the meeting and reconvene at another location selected by majority vote of the members. In such a session, final disposition may be taken only on matters appearing on the agenda. Representatives of the press or other news media, except those participating in the disturbance, shall be allowed to attend any session held pursuant to this section. Nothing in this section shall prohibit the governing body from establishing a procedure for readmitting an individual or individuals not responsible for disturbing the orderly conduct of the meeting.

[1971 ex.s. c 250 § 5.]

#### **42.30.060 Ordinances, rules, resolutions, regulations, etc., adopted at public meetings — Notice — Secret voting prohibited.**

(1) No governing body of a public agency shall adopt any ordinance, resolution, rule, regulation, order, or directive, except in a meeting open to the public and then only at a meeting, the date of which is fixed by law or rule, or at a meeting of which notice has been given according to the provisions of this chapter. Any action taken at meetings failing to comply with the provisions of this subsection shall be null and void.

(2) No governing body of a public agency at any meeting required to be open to the public shall vote by secret ballot. Any vote taken in violation of this subsection shall be null and void, and shall be considered an "action" under this chapter.

[1989 c 42 § 1; 1971 ex.s. c 250 § 6.]

#### **42.30.070 Times and places for meetings — Emergencies — Exception.**

The governing body of a public agency shall provide the time for holding regular meetings by ordinance, resolution, bylaws, or by whatever other rule is required for the conduct of business by that body.

Unless otherwise provided for in the act under which the public agency was formed, meetings of the governing body need not be held within the boundaries of the territory over which the public agency

exercises jurisdiction. If at any time any regular meeting falls on a holiday, such regular meeting shall be held on the next business day. If, by reason of fire, flood, earthquake, or other emergency, there is a need for expedited action by a governing body to meet the emergency, the presiding officer of the governing body may provide for a meeting site other than the regular meeting site and the notice requirements of this chapter shall be suspended during such emergency. It shall not be a violation of the requirements of this chapter for a majority of the members of a governing body to travel together or gather for purposes other than a regular meeting or a special meeting as these terms are used in this chapter: PROVIDED, That they take no action as defined in this chapter.

[1983 c 155 § 2; 1973 c 66 § 1; 1971 ex.s. c 250 § 7.]

**42.30.075 Schedule of regular meetings — Publication in state register — Notice of change — "Regular" meetings defined.**

State agencies which hold regular meetings shall file with the code reviser a schedule of the time and place of such meetings on or before January of each year for publication in the Washington state register. Notice of any change from such meeting schedule shall be published in the state register for distribution at least twenty days prior to the rescheduled meeting date.

For the purposes of this section "regular" meetings shall mean recurring meetings held in accordance with a periodic schedule declared by statute or rule.

[1977 ex.s. c 240 § 12.]

**42.30.077 Agendas of regular meetings — Online availability.**

Public agencies with governing bodies must make the agenda of each regular meeting of the governing body available online no later than twenty-four hours in advance of the published start time of the meeting. An agency subject to provisions of this section is not required to post an agenda if it does not have a web site or if it employs fewer than ten full-time equivalent employees. Nothing in this section prohibits subsequent modifications to agendas nor invalidates any otherwise legal action taken at a meeting where the agenda was not posted in accordance with this section. Nothing in this section modifies notice requirements or shall be construed as establishing that a public body or agency's online posting of an agenda as required by this section is sufficient notice to satisfy public notice requirements established under other laws. Failure to post an agenda in accordance with this section shall not provide a basis for awarding attorney fees under RCW 42.30.120 or commencing an action for mandamus or injunction under RCW 42.30.130.

[2014 c 61 § 2.]

Notes:

Intent -- Finding -- 2014 c 61: "The legislature intends to promote transparency in government and strengthen the Washington's open public meetings act. The legislature finds that it is in the best interest of citizens for public agencies with governing bodies to post meeting agendas on web sites before meetings. Full public review and inspection of meeting agendas will promote a greater exchange of information so the public can provide meaningful input related to government decisions." [2014 c 61 § 1.]

#### **42.30.080 Special meetings.**

(1) A special meeting may be called at any time by the presiding officer of the governing body of a public agency or by a majority of the members of the governing body by delivering written notice personally, by mail, by fax, or by electronic mail to each member of the governing body. Written notice shall be deemed waived in the following circumstances:

(a) A member submits a written waiver of notice with the clerk or secretary of the governing body at or prior to the time the meeting convenes. A written waiver may be given by telegram, fax, or electronic mail; or

(b) A member is actually present at the time the meeting convenes.

(2) Notice of a special meeting called under subsection (1) of this section shall be:

(a) Delivered to each local newspaper of general circulation and local radio or television station that has on file with the governing body a written request to be notified of such special meeting or of all special meetings;

(b) Posted on the agency's web site. An agency is not required to post a special meeting notice on its web site if it (i) does not have a web site; (ii) employs fewer than ten full-time equivalent employees; or (iii) does not employ personnel whose duty, as defined by a job description or existing contract, is to maintain or update the web site; and

(c) Prominently displayed at the main entrance of the agency's principal location and the meeting site if it is not held at the agency's principal location.

Such notice must be delivered or posted, as applicable, at least twenty-four hours before the time of such meeting as specified in the notice.

(3) The call and notices required under subsections (1) and (2) of this section shall specify the time and place of the special meeting and the business to be transacted. Final disposition shall not be taken on any other matter at such meetings by the governing body.

(4) The notices provided in this section may be dispensed with in the event a special meeting is called to deal with an emergency involving injury or damage to persons or property or the likelihood of such injury or damage, when time requirements of such notice would make notice impractical and increase the likelihood of such injury or damage.

[2012 c 188 § 1; 2005 c 273 § 1; 1971 ex.s. c 250 § 8.]

#### **42.30.090 Adjournments.**

The governing body of a public agency may adjourn any regular, adjourned regular, special, or adjourned special meeting to a time and place specified in the order of adjournment. Less than a quorum may so adjourn from time to time. If all members are absent from any regular or adjourned regular meeting the clerk or secretary of the governing body may declare the meeting adjourned to a stated time and place. He or she shall cause a written notice of the adjournment to be given in the same manner as provided in

RCW 42.30.080 for special meetings, unless such notice is waived as provided for special meetings. Whenever any meeting is adjourned a copy of the order or notice of adjournment shall be conspicuously posted immediately after the time of the adjournment on or near the door of the place where the regular, adjourned regular, special, or adjourned special meeting was held. When a regular or adjourned regular meeting is adjourned as provided in this section, the resulting adjourned regular meeting is a regular meeting for all purposes. When an order of adjournment of any meeting fails to state the hour at which the adjourned meeting is to be held, it shall be held at the hour specified for regular meetings by ordinance, resolution, bylaw, or other rule.

[2012 c 117 § 125; 1971 ex.s. c 250 § 9.]

#### **42.30.100 Continuances.**

Any hearing being held, noticed, or ordered to be held by a governing body at any meeting may by order or notice of continuance be continued or reconvened to any subsequent meeting of the governing body in the same manner and to the same extent set forth in RCW 42.30.090 for the adjournment of meetings.

[1971 ex.s. c 250 § 10.]

#### **42.30.110 Executive sessions.**

(1) Nothing contained in this chapter may be construed to prevent a governing body from holding an executive session during a regular or special meeting:

- (a) To consider matters affecting national security;
- (b) To consider the selection of a site or the acquisition of real estate by lease or purchase when public knowledge regarding such consideration would cause a likelihood of increased price;
- (c) To consider the minimum price at which real estate will be offered for sale or lease when public knowledge regarding such consideration would cause a likelihood of decreased price. However, final action selling or leasing public property shall be taken in a meeting open to the public;
- (d) To review negotiations on the performance of publicly bid contracts when public knowledge regarding such consideration would cause a likelihood of increased costs;
- (e) To consider, in the case of an export trading company, financial and commercial information supplied by private persons to the export trading company;
- (f) To receive and evaluate complaints or charges brought against a public officer or employee. However, upon the request of such officer or employee, a public hearing or a meeting open to the public shall be conducted upon such complaint or charge;
- (g) To evaluate the qualifications of an applicant for public employment or to review the performance of a public employee. However, subject to RCW 42.30.140(4), discussion by a governing body of salaries,

wages, and other conditions of employment to be generally applied within the agency shall occur in a meeting open to the public, and when a governing body elects to take final action hiring, setting the salary of an individual employee or class of employees, or discharging or disciplining an employee, that action shall be taken in a meeting open to the public;

(h) To evaluate the qualifications of a candidate for appointment to elective office. However, any interview of such candidate and final action appointing a candidate to elective office shall be in a meeting open to the public;

(i) To discuss with legal counsel representing the agency matters relating to agency enforcement actions, or to discuss with legal counsel representing the agency litigation or potential litigation to which the agency, the governing body, or a member acting in an official capacity is, or is likely to become, a party, when public knowledge regarding the discussion is likely to result in an adverse legal or financial consequence to the agency.

This subsection (1)(i) does not permit a governing body to hold an executive session solely because an attorney representing the agency is present. For purposes of this subsection (1)(i), "potential litigation" means matters protected by RPC 1.6 or RCW 5.60.060(2)(a) concerning:

(i) Litigation that has been specifically threatened to which the agency, the governing body, or a member acting in an official capacity is, or is likely to become, a party;

(ii) Litigation that the agency reasonably believes may be commenced by or against the agency, the governing body, or a member acting in an official capacity; or

(iii) Litigation or legal risks of a proposed action or current practice that the agency has identified when public discussion of the litigation or legal risks is likely to result in an adverse legal or financial consequence to the agency;

(j) To consider, in the case of the state library commission or its advisory bodies, western library network prices, products, equipment, and services, when such discussion would be likely to adversely affect the network's ability to conduct business in a competitive economic climate. However, final action on these matters shall be taken in a meeting open to the public;

(k) To consider, in the case of the state investment board, financial and commercial information when the information relates to the investment of public trust or retirement funds and when public knowledge regarding the discussion would result in loss to such funds or in private loss to the providers of this information;

(l) To consider proprietary or confidential nonpublished information related to the development, acquisition, or implementation of state purchased health care services as provided in RCW 41.05.026;

(m) To consider in the case of the life sciences discovery fund authority, the substance of grant applications and grant awards when public knowledge regarding the discussion would reasonably be expected to result in private loss to the providers of this information;

(n) To consider in the case of a health sciences and services authority, the substance of grant applications and grant awards when public knowledge regarding the discussion would reasonably be expected to result in private loss to the providers of this information.

(2) Before convening in executive session, the presiding officer of a governing body shall publicly announce the purpose for excluding the public from the meeting place, and the time when the executive session will be concluded. The executive session may be extended to a stated later time by announcement of the presiding officer.

[2014 c 174 § 4; 2011 1st sp.s. c 14 § 14; 2010 1st sp.s. c 33 § 5; 2005 c 424 § 13; 2003 c 277 § 1; 2001 c 216 § 1; 1989 c 238 § 2; 1987 c 389 § 3; 1986 c 276 § 8; 1985 c 366 § 2; 1983 c 155 § 3; 1979 c 42 § 1; 1973 c 66 § 2; 1971 ex.s. c 250 § 11.]

#### **42.30.120 Violations — Personal liability — Civil penalty — Attorneys' fees and costs.**

(1) Each member of the governing body who attends a meeting of such governing body where action is taken in violation of any provision of this chapter applicable to him or her, with knowledge of the fact that the meeting is in violation thereof, shall be subject to personal liability in the form of a civil penalty in the amount of one hundred dollars. The civil penalty shall be assessed by a judge of the superior court and an action to enforce this penalty may be brought by any person. A violation of this chapter does not constitute a crime and assessment of the civil penalty by a judge shall not give rise to any disability or legal disadvantage based on conviction of a criminal offense.

(2) Any person who prevails against a public agency in any action in the courts for a violation of this chapter shall be awarded all costs, including reasonable attorneys' fees, incurred in connection with such legal action. Pursuant to RCW 4.84.185, any public agency who prevails in any action in the courts for a violation of this chapter may be awarded reasonable expenses and attorney fees upon final judgment and written findings by the trial judge that the action was frivolous and advanced without reasonable cause.

[2012 c 117 § 126; 1985 c 69 § 1; 1973 c 66 § 3; 1971 ex.s. c 250 § 12.]

#### **42.30.130 Violations — Mandamus or injunction.**

Any person may commence an action either by mandamus or injunction for the purpose of stopping violations or preventing threatened violations of this chapter by members of a governing body.

[1971 ex.s. c 250 § 13.]

#### **42.30.140 Chapter controlling — Application.**

If any provision of this chapter conflicts with the provisions of any other statute, the provisions of this chapter shall control: PROVIDED, That this chapter shall not apply to:

(1) The proceedings concerned with the formal issuance of an order granting, suspending, revoking, or denying any license, permit, or certificate to engage in any business, occupation, or profession or to any

disciplinary proceedings involving a member of such business, occupation, or profession, or to receive a license for a sports activity or to operate any mechanical device or motor vehicle where a license or registration is necessary; or

(2) That portion of a meeting of a quasi-judicial body which relates to a quasi-judicial matter between named parties as distinguished from a matter having general effect on the public or on a class or group; or

(3) Matters governed by chapter 34.05 RCW, the Administrative Procedure Act; or

(4)(a) Collective bargaining sessions with employee organizations, including contract negotiations, grievance meetings, and discussions relating to the interpretation or application of a labor agreement; or (b) that portion of a meeting during which the governing body is planning or adopting the strategy or position to be taken by the governing body during the course of any collective bargaining, professional negotiations, or grievance or mediation proceedings, or reviewing the proposals made in the negotiations or proceedings while in progress.

[1990 c 98 § 1; 1989 c 175 § 94; 1973 c 66 § 4; 1971 ex.s. c 250 § 14.]

#### **42.30.200 Governing body of recognized student association at college or university — Chapter applicability to.**

The multimember student board which is the governing body of the recognized student association at a given campus of a public institution of higher education is hereby declared to be subject to the provisions of the open public meetings act as contained in this chapter, as now or hereafter amended. For the purposes of this section, "recognized student association" shall mean any body at any of the state's colleges and universities which selects officers through a process approved by the student body and which represents the interests of students. Any such body so selected shall be recognized by and registered with the respective boards of trustees and regents of the state's colleges and universities: PROVIDED, That there be no more than one such association representing undergraduate students, no more than one such association representing graduate students, and no more than one such association representing each group of professional students so recognized and registered at any of the state's colleges or universities.

[1980 c 49 § 1.]

#### **42.30.205 Training.**

(1) Every member of the governing body of a public agency must complete training on the requirements of this chapter no later than ninety days after the date the member either:

(a) Takes the oath of office, if the member is required to take an oath of office to assume his or her duties as a public official; or

(b) Otherwise assumes his or her duties as a public official.

(2) In addition to the training required under subsection (1) of this section, every member of the governing body of a public agency must complete training at intervals of no more than four years as long as the individual is a member of the governing body or public agency.

(3) Training may be completed remotely with technology including but not limited to internet-based training.

[2014 c 66 § 2.]

**42.30.210 Assistance by attorney general.**

The attorney general's office may provide information, technical assistance, and training on the provisions of this chapter.

[2001 c 216 § 2.]

**42.30.900 Short title.**

This chapter may be cited as the "Open Public Meetings Act of 1971".

[1971 ex.s. c 250 § 16.]

**42.30.910 Construction — 1971 ex.s. c 250.**

The purposes of this chapter are hereby declared remedial and shall be liberally construed.

[1971 ex.s. c 250 § 18.]

**42.30.920 Severability — 1971 ex.s. c 250.**

If any provision of this act, or its application to any person or circumstance is held invalid, the remainder of the act, or the application of the provision to other persons or circumstances is not affected.

[1971 ex.s. c 250 § 19.]



# Anencephaly in Central Washington: Investigation Findings, Ongoing Surveillance and Prevention Activities

Governor's Interagency Council on Health Disparities  
February 11, 2015

Cathy Wasserman, PhD, State Epidemiologist for Non-Infectious Conditions

**PUBLIC HEALTH**  
ALWAYS WORKING FOR A SAFER AND  
HEALTHIER COMMUNITY



# What is Anencephaly?

- Type of neural tube birth defect
- Results from the failure of the neural tube to close in the cranial region by the 28<sup>th</sup> day of gestation
- Infants with anencephaly die shortly after birth
- Other neural tube defects include spina bifida and encephalocele

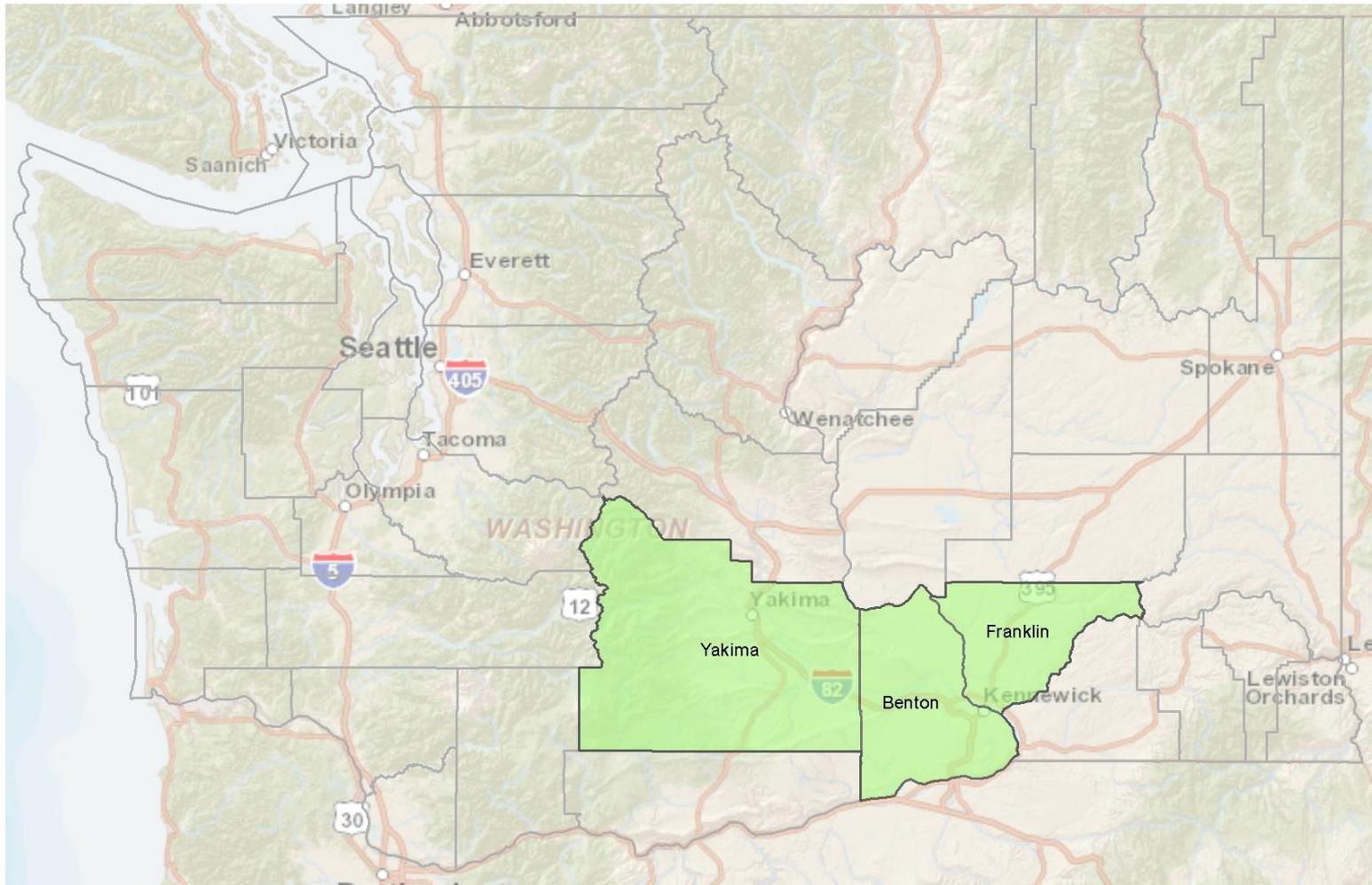
# Risk Factors for Neural Tube Defects (NTDs)

- Folic acid insufficiency
- Obesity
- Diabetes
- Hispanic Ethnicity
- Selected medications
- Previous neural tube defect-affected pregnancy
- Hyperthermia

# Background of Investigation

- In August 2012, Department of Health (DOH) alerted by healthcare provider about several infants born with anencephaly in central Washington
- Examined referral patterns for high-risk pregnancies
- Defined investigation area as Yakima, Benton, and Franklin counties
- Contacted Centers for Disease Control and Prevention (CDC) for technical assistance
- Performed active surveillance November 2012

# Investigation Area



# Case Definition

- ICD-9 code: 740, 741, 742, 655.0
- Confirmed diagnosis: ultrasound, pathology report, or physical examination
- Resident: Yakima, Benton, or Franklin counties at time of conception
- Last menstrual period: August 2009 – present

# Active Surveillance

- Searched hospital records including billing records with discharge codes, labor and delivery logs, newborn and fetal deaths
- Searched birth, death, and fetal death vital statistics records
- Requested perinatology records
- Reviewed medical records of all suspect cases to validate the diagnosis

# Initial Findings

- 27 cases of NTD from January 2010 – January 2013:
  - 23 anencephaly, 3 spina bifida, 1 encephalocele
- Rates:
  - Anencephaly: 8.4/10,000 vs US 2.1/10,000\*
  - Spina bifida: 1.3/10,000 vs US 3.5/10,000\*

\*Parker SE, 2010

# Medical Records Study

- Case-control study (27 cases, 108 controls)
- Medical records abstraction of data:
  - demographics, pregnancy history, pregnancy conditions, medications, substance use, residential address
- Vital Statistics data when available
- Parcel data from county tax assessor to establish public or private water systems
- Water quality data to examine nitrate levels in public water system

# Medical Records Study Conclusions

- No clear associations nor exposures affecting large proportion of cases
- No statistically significant differences between cases and controls, although study had low power
- Overall low early pregnancy folic acid use in both case and control groups
- PRAMS Survey data 2009 – 2011:
  - 61% no early pregnancy folic acid 3-county area
  - 50% in the rest of Washington State

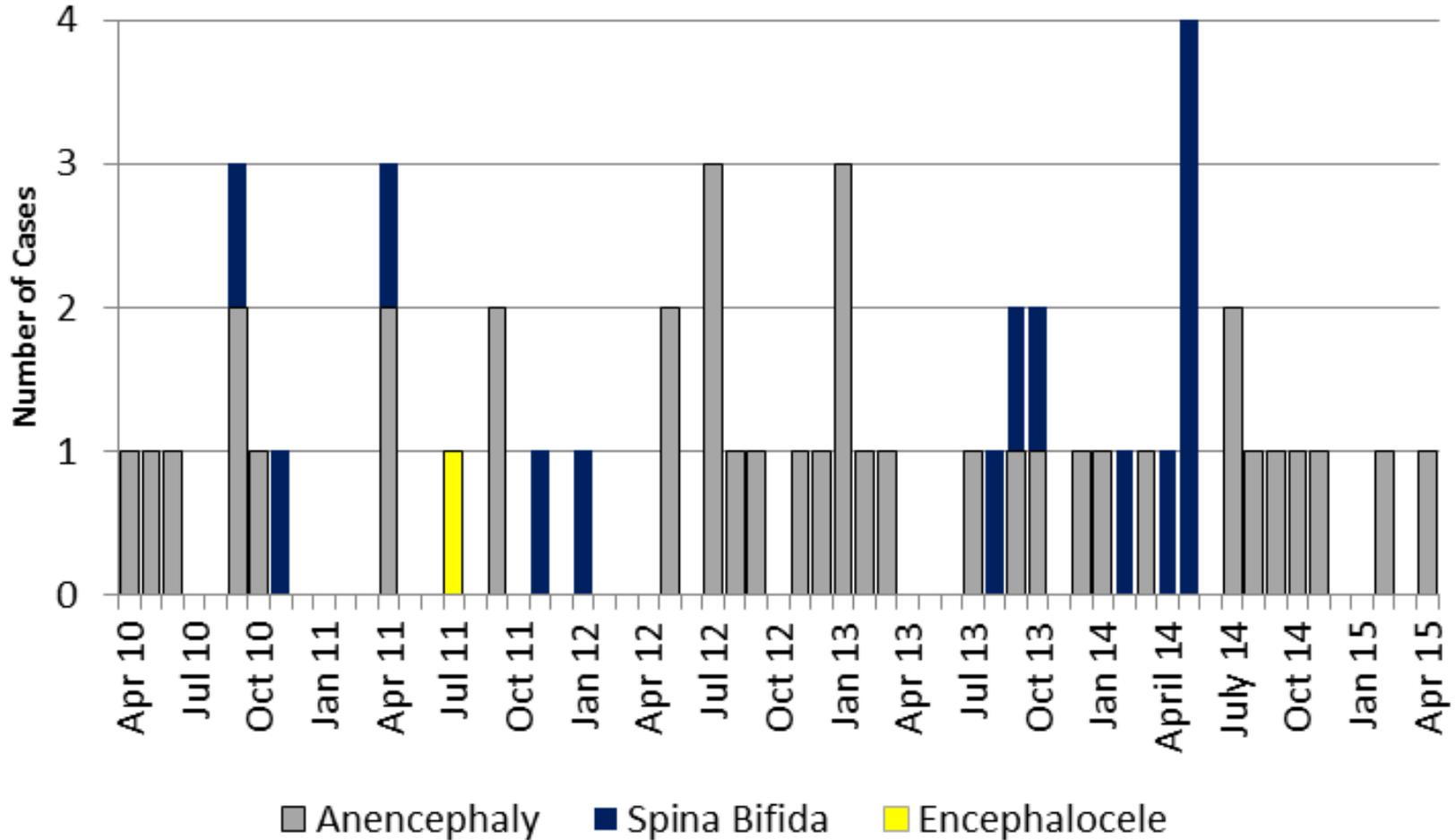
# Neural Tube Defects by Year of Delivery or Estimated Year of Delivery<sup>1</sup>

	Number	Total births	Rate per 10,000 births	95% CI
<b>All Neural Tube Defects</b>				
2010	8	8565	9.3	(4.0, 18.4)
2011	7	8528	8.2	(3.3, 16.9)
2012	10	8352	12.0	(5.7, 22.0)
2013	12	8084	14.8	(7.7, 25.9)
2014	14	na		
2015	2	na		
Total to date <sup>2</sup>	53	na		
<b>Anencephaly</b>				
2010	6	8565	7.0	(2.6, 15.2)
2011	4	8528	4.7	(1.3, 12.0)
2012	9	8352	10.8	(4.9, 20.5)
2013	9	8084	11.1	(5.1, 21.1)
2014	8	na		
2015	2	na		
Total to date <sup>2</sup>	38	na		

<sup>1</sup>Estimated year of delivery is used for cases terminated or delivered before 37 weeks gestation.

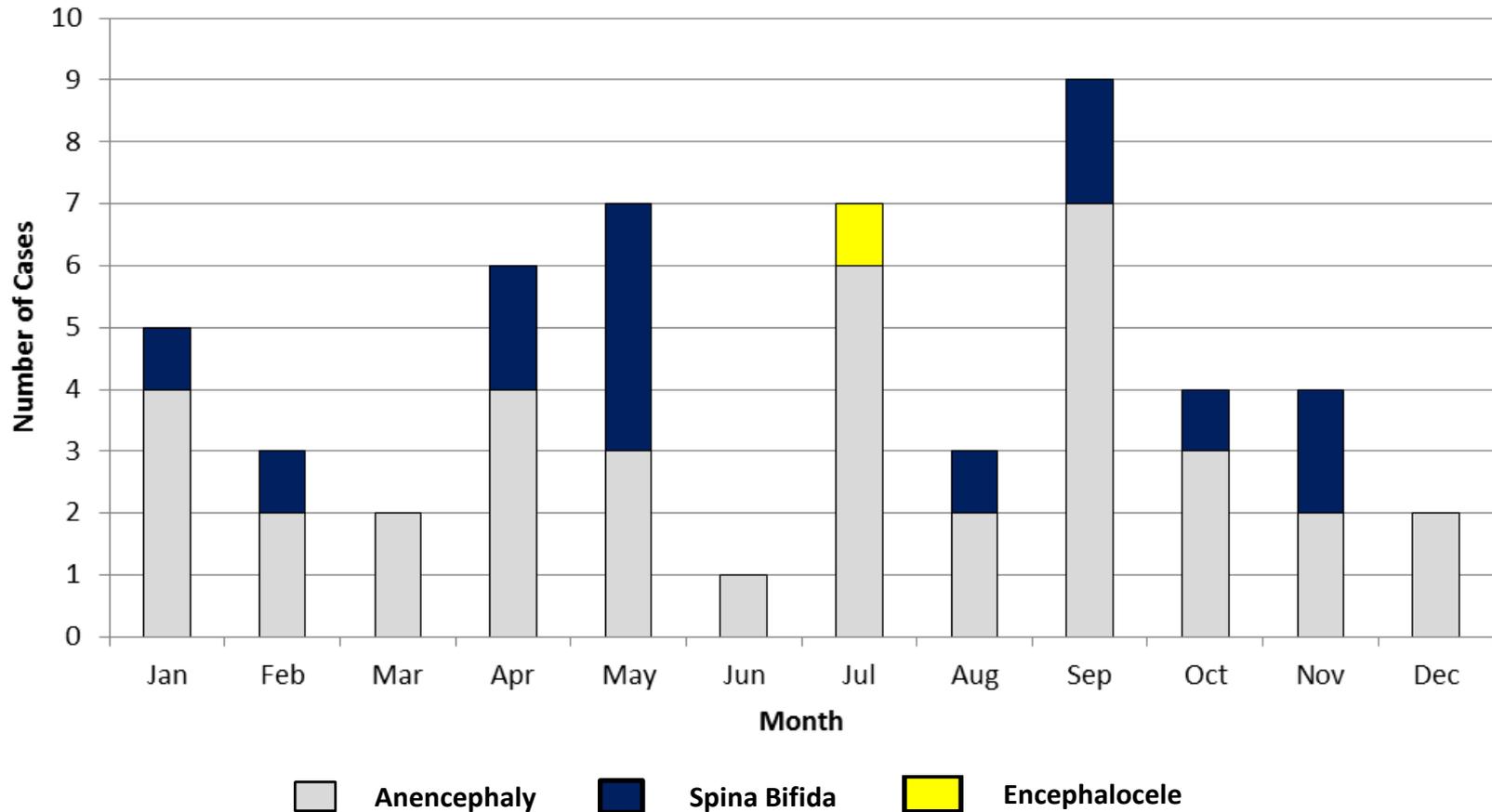
<sup>2</sup>Total to date reflects cases confirmed by January 9, 2015 with a delivery or estimated date of delivery in 2010-2015.

# Neural Tube Defects by Month of Estimated Delivery Date<sup>1</sup>



<sup>1</sup>Estimated delivery date uses delivery date for gestational age  $\geq 37$  weeks and estimated delivery date for gestational age  $<37$  weeks at delivery. Cases were confirmed through January 9, 2015.

# Neural Tube Defects by Month of Estimated Delivery Date 2010-2015 Combined<sup>1</sup>



<sup>1</sup>Estimated delivery date uses delivery date for gestational age  $\geq 37$  weeks and estimated delivery date for gestational age  $<37$  weeks at delivery. Cases were confirmed through January 9, 2015.

# Neural Tube Defects by County of Residence<sup>1</sup>

	Total Number <sup>1</sup>	Number 2010-2013	2010-2013 births	Rate per 10,000 births	95% CI
<b>All Neural Tube Defects</b>					
Benton County	20	14	10,171	13.8	(7.5, 23.1)
Franklin County	9	7	6,698	10.5	(4.2, 21.5)
Yakima County	24	16	16,660	9.6	(5.5, 15.6)
3 County Area	53	37	33,529	11.0	(7.5, 15.2)
<b>Anencephaly</b>					
Benton County	15	13	10,171	12.8	(6.8, 21.9)
Franklin County	6	4	6,698	6.0	(1.6, 15.3)
Yakima County	17	11	16,660	6.6	(3.3, 11.8)
3 County Area	38	28	33,529	8.4	(5.5, 12.1)

<sup>1</sup>Total number reflects cases confirmed by January 9, 2015 with a delivery or estimated date of delivery in 2010-2015.

# Neural Tube Defects by Geography

- We have a map, but are not sharing it to protect the mothers' confidentiality
- Mothers with affected pregnancies resided across the 3-county area
- Case mothers resided in 16 of the 33 zip codes in the 3-county area
- In general, more cases from more populated areas

## Neural Tube Defects by Race Ethnicity

	Total Number <sup>1</sup>	Number 2010-2013	2010-2013 births	Rate per 10,000 births	95% CI
<b>All Neural Tube Defects</b>					
Hispanic	24	18	17,435	10.3	(6.1, 16.3)
Non-Hispanic White	22	16	13,559	11.8	(6.7, 19.2)
Other	1	0	2,535	0.0	
<b>Anencephaly</b>					
Hispanic	19	15	17,435	8.6	(4.8, 14.2)
Non-Hispanic White	13	10	13,559	7.4	(3.5, 13.6)
Other	0	0	2,535	0.0	

<sup>1</sup>Total number reflects cases confirmed by January 9, 2015 with a delivery or estimated date of delivery in 2010-2015. Six anencephaly cases had unknown race/ethnicity.

# Washington Rates of Anencephaly and Spina Bifida<sup>1</sup>

	<b>Anencephaly</b>	<b>Rate per 10,000</b>	<b>All Neural Tube Defects</b>	<b>Rate per 10,000</b>	<b>Births</b>
2005	18	2.2	39	4.7	82,625
2006	13	1.5	45	5.2	86,845
2007	21	2.4	55	6.2	88,921
2008	24	2.7	59	6.5	90,270
2009	25	2.8	55	6.2	89,242
2010	27	3.1	53	6.1	86,480
2011	35	4.0	64	7.4	86,929
2012	23	2.6	49	5.6	87,417
2013 <sup>2</sup>	22	2.5	42	4.9	86,566
2005-2013	208	2.6	461	5.9	785,295

<sup>1</sup>Based on ascertainment from birth certificates, fetal death certificates and hospital discharge data, 2005-2012 .

<sup>2</sup>Based on ascertainment from birth certificates and fetal death certificates only, 2013.

# Washington Rates of Anencephaly and Spina Bifida<sup>1</sup>

	Number 2005-2012	2005-2012 births	Rate per 10,000 births	95% CI
<b>All Neural Tube Defects</b>				
3 County Area	59	67,287	8.8	(6.7, 11.3)
Rest of Washington	360	631,442	5.7	(5.1, 6.3)
Total Washington	419	698,729	6.0	(5.4, 6.6)
<b>Anencephaly</b>				
3 County Area	36	67,287	5.4	(3.7, 7.4)
Rest of Washington	150	631,442	2.4	(2.0, 2.8)
Total Washington	186	698,729	2.7	(2.3, 3.1)

<sup>1</sup>Based on ascertainment from birth certificates, fetal death certificates and hospital discharge data, 2005-2012 .

# Advisory Committee

- Susie Ball – Central Washington Genetics Counselor
- Sara Barron – Community Member
- Jessica Black – Professor Environmental Science, Heritage University
- Nora Coronado – Washington State Committee on Hispanic Affairs
- Lisa Galbraith – Kadlec Clinic OB/GYN
- Phil Halvorsen – Perinatal Center-Richland
- Marie Jennings – Manager Drinking Water Unit, US EPA-Region 10
- Peter Langlois – Birth Defects Epidemiology, Texas Department of State Health Services
- Gina Legaz – Washington Chapter March of Dimes
- Kathy Lofy – State Health Officer, Washington State Department of Health – Chair
- Jennie McLaurin – Migrant Clinicians Network
- Richard S. Olney – National Center Birth Defects, CDC
- Amy Person – Health Officer, Benton Franklin Health District
- Kathleen Rogers – Community Member
- Melissa Schiff – Professor Epidemiology, University of Washington
- Chris Spitters – Health Officer, Yakima Health District
- Vickie Ybarra – Community Member

# Advisory Committee Goals

**Surveillance:** Identify ways to improve reporting of neural tube defects to better ascertain rates of occurrence

**Investigation:** Determine if additional investigation should be conducted to assess potential exposures, and what specifically is recommended as next steps

**Prevention:** Identify actions to prevent or reduce the likelihood of neural tube defects in the area

# Surveillance Plan

- Ongoing identification of neural tube defects in 3-county area using stimulated passive surveillance from hospitals and providers with active follow up by Washington State Department of Health
- Ongoing statewide passive surveillance using vital statistics and linked files
- Quarterly reporting through July 2015

# Investigation Plan

- Conduct phone interviews of mothers of infants with neural tube defects in 3-county area using National Birth Defects Prevention Study questionnaire
- This will ensure we have not overlooked a common exposure
- Questionnaire covers maternal health, pregnancy history, nutrition, substance use, demographics, water use, occupation, and residence history
- Plan to approach 25 mothers

# Prevention Plan – Messages

- Recommend that all women of childbearing age take 400 micrograms of folic acid daily
- Recommend women of childbearing age on private well water test water annually for bacteria and nitrates
- Promote preconception health
- Encourage pregnant women to seek early prenatal care

# Prevention – Provider Outreach

- Local health communication to providers via blast fax and newsletters
- Presentations:
  - Grand Rounds
  - Trainings
  - Conferences
- Exploring development of materials for providers to encourage folic acid use by all women of reproductive age

# Prevention – Public Outreach

- Public Service radio spots and banner ads in English and Spanish – March of Dimes
- Brochure distribution
- Hispanic Health Commission/Department of Health radio programming
- Department of Health web pages – anencephaly and women's health

# Prevention – Folic Acid

- Monitoring national effort to supplement corn masa flour with folic acid
- Investigating subsidized folic acid vitamin use

# Ongoing Efforts

- Advisory Committee meetings every 6-8 weeks
  - Update on investigation
  - Quarterly update of data
  - Prevention efforts
- Monthly prevention coordination call
- Continued presentations to providers and public
- Ongoing response to media inquiries

To provide comments or questions,  
please contact:

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**Governor's Health Disparity Council Meeting**  
**February 11, 2015**

**Healthy Communities:  
Pulling Together for Wellness**

***Jamie Judkins, Grant Program Coordinator, Shoalwater Bay Tribe***  
***Jan Ward Olmstead, Lead Public Health Consultant, AIHC***  
***Frances Limtiaco, Tobacco Prevention and Health Equity Consultant***  
***Office of Healthy Communities, DOH***



**A Partnership between**  
**American Indian Health Commission for Washington State**  
**And Washington State Department of Health**



# Main Points

- ❖ Overview of Project
- ❖ The Challenge
- ❖ Development Framework: Backbone and Heart
- ❖ Policy, Environment, and System (PES) Change
- ❖ Competencies
- ❖ Implementation at Tribal Level
- ❖ Use of the Framework
- ❖ Partnerships



**Healthy Communities:  
Pulling Together for Wellness**

## Purpose

To provide a Tribal-Urban Indian driven, comprehensive and integrated prevention framework to improve health status of AI/ANs by reducing risk factors for chronic disease.

- ❖ Integrates Native and western knowledge.
- ❖ Utilizes a Policy, Environment, Systems (PES) change approach.
- ❖ Incorporates culturally appropriate strategies designed for Tribal and Urban Indian Communities.

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# Benefits and Uses of the Framework

- ❖ It provides a culturally appropriate *Healthy Communities* framework to **take action to prevent and reduce chronic disease; to ultimately reduce health disparities** and improve the health status of AI/ANs.
- ❖ It provides a framework that **can be adapted** to meet the needs of specific Tribal and Urban Indian Communities.
- ❖ It **helps build the capacity and competencies** to prepare Tribes and Urban Indian Communities to be able to develop *Healthy Communities'* initiatives using a policy, environment, and systems (PES) change approach.
- ❖ It **helps prepare Tribes and Urban Indian Programs to access funding** within the state, private, and federal funding landscape.

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# Challenge Statement



**Improving the health of  
American Indians and Alaska Natives  
for Seven Generations**

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## Challenge

Compared to the Washington population as a whole, AI/ANs experience **higher social economic risks**.

- ❖ 28% of households have income below the federal poverty level.
- ❖ Over 40% under age 5 are below poverty.
- ❖ 87% of adults age 25 and older do not have a college degree.
- ❖ 17% of adults have less than high school education.
- ❖ 32% of adults have no medical insurance.

Data Source: US Census Bureau, American Community Survey (ACS) Public Use Microdata Sample, 2008-2012

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## Challenge

Compared to the Washington population as a whole, AI/ANs **experience higher risks.**

- ❖ **34% of adults currently smoke.**
- ❖ 34% of adults are physically inactive.
- ❖ **19% of 10<sup>th</sup> graders smoke.**
- ❖ 31% of 10<sup>th</sup> graders use marijuana.
- ❖ Almost half of 10<sup>th</sup> graders do not get enough physical activity.

### *Additionally:*

- ❖ 39% of adults are obese.
- ❖ 50% of adults have experienced 3 or more ACEs.
- ❖ More adults have asthma, diabetes and have had heart disease or a stroke.

Data Source: Washington State Healthy Youth Survey 2012 and WA State Behavioral Risk Factor Surveillance System 2011-2013



# Healthy Communities: Pulling Together for Wellness

# Challenge

**In the all-cause mortality rate, AI/ANs were 71% higher than the rate for Non-Hispanic Whites in Washington State.**

## Top 10 Leading Causes of Death

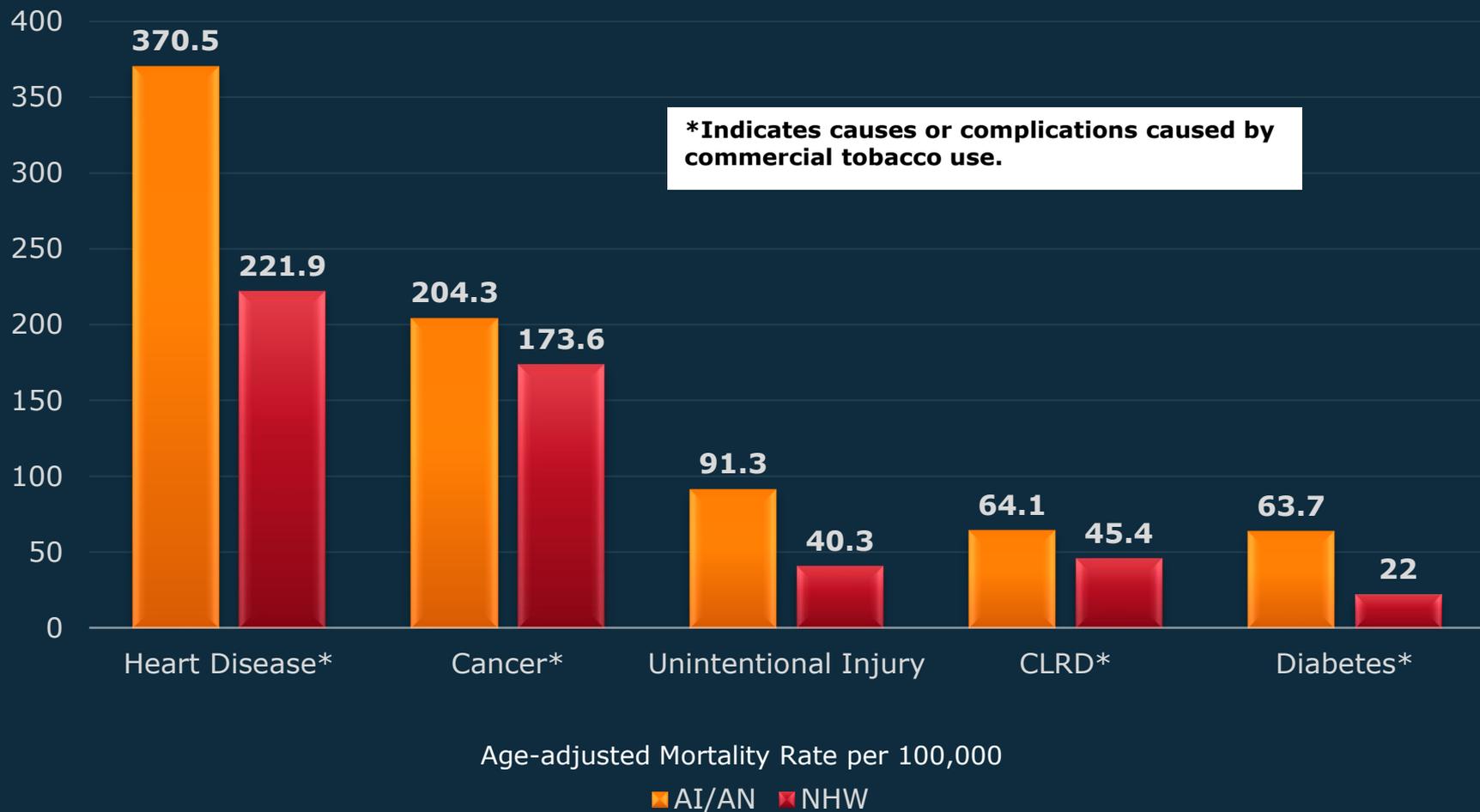
- ❖ Heart Disease 19.3%\*
- ❖ Cancer 19.2%\*
- ❖ Unintentional Injury 12.6%
- ❖ Diabetes 4.8%\*
- ❖ Chronic Liver Disease 4.7%
- ❖ Chronic Lower Respiratory Disease 4.5%\*
- ❖ Stroke 3.9%\*
- ❖ Suicide 3.2%
- ❖ Alzheimer's Disease 2.4%
- ❖ Influenza & Pneumonia 1.6%

**\*Indicates causes or complications caused by commercial tobacco use.**

Data Source: Northwest Portland Area Indian Health Board. American Indian & Alaska Native Community Health Profile - Washington. Portland, OR; Northwest Tribal Epidemiology Center, 2014 (WA State death certificates, 2006-2010, corrected for misclassified AI/AN race.)

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# Top Five Causes of Death for AI/AN compared to Non-Hispanic Whites (NHW) Washington 2006-2010



## Challenge

Significant **AI/AN health disparities among infants and pregnant women** exist; (AI) pregnant women are more likely than women in any racial group to:

- ❖ Have unintended pregnancies.
- ❖ Have late or no prenatal care.
- ❖ Smoke or abuse drugs or alcohol.
- ❖ Have a mental health diagnosis.
- ❖ Suffer abuse by a partner.
- ❖ Additionally, AI/AN teen birthrates are significantly higher compared to NHW in the state.

*Data Sources: AIHC's Healthy Communities: A Tribal Maternal-Infant Health Strategic Plan 2010 and Northwest Tribal Registry and Washington State death certificates 2006-2010, corrected for misclassified AI/AN race.*

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Pulling Together for Wellness**



# American Indian Health Commission

AIHC Mission: Improve the Overall Health of Indian People of WA State

Strategy: Advocacy, Policy and Programs to Advance Best Practices

Leadership

Engagement

## HEALTHY TRIBAL AND URBAN INDIAN COMMUNITIES

Tribally and Urban Indian Driven

Healthy Communities

Maternal Infant Health

Home Visiting

Women, Infant, Children (WIC)

Pregnancy Risk Assessment Monitoring System (PRAMS)

Immunizations

Public Health Emergency Preparedness Response (PHEPR)

Culturally Appropriate and Community Specific

### Maternal Infant Health Strategic Plan

In Partnership with WA State Departments of Health and Early Learning

DATA

Health Risk Factors  
Health Disparities

Adverse Childhood Experiences

Historical and Intergenerational Trauma

DATA

## Process

- ❖ Maternal Infant Health Strategic Plan foundation to project.
- ❖ Inventory of Promising Practices in Indian Country.
- ❖ Interviews, in-person meetings and group meeting.
- ❖ Continuous feedback with Leadership Advisory Committee.
- ❖ A focus on Healthy Tribal and Urban Indian Communities during the 2012 Tribal Leaders' Health Summit.
- ❖ Assessments about attitudes, approaches, capacity and resources.
- ❖ Framework Design.
- ❖ Tribal and Urban Indian Engagement: Share framework and get feedback.
- ❖ Training and capacity building.
- ❖ Linkages and collaboration opportunities.

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# Tribal and Urban Indian Leadership's Approach

- ❖ Grounded in healthy community and PES concepts to address chronic disease risk factors.
- ❖ Developed the definition, vision and values as a backbone to the framework.
- ❖ Use of the medicine wheel model to depict the importance of a holistic approach that includes four directions: physical, social, emotional and spiritual.
- ❖ Culture positioned as a core component and interwoven in of all four sectors in order to maintain balance and health.
- ❖ Culture an important factor to ensure long-term sustainability of social change.

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# Tribal and Urban Indian Leadership's Principles

- ❖ In order to make changes where we live, work, pray and play, it is important to understand and know the history of the Tribe(s) and Indian communities in the region.
- ❖ In order to develop effective cross-sector partnerships, it is important to understand Tribal Sovereignty and Self-Determination.
- ❖ Terminology and concepts must resonate with Tribal and Urban Indian Communities.

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# Tribal and Urban Indian Leadership's Principles

## Must Recognize Two Significant and Emerging Factors

- ❖ **Historical and Intergenerational Trauma**
  - ❖ Many social and environmental factors that fall outside of the health care setting are the strongest predictors of well-being. Historical and Intergenerational Trauma is a significant factor that impacts the health and emotional well-being of AI/ANs.
- ❖ **Adverse Childhood Experiences (ACE) Study and Resiliency** Early adverse experiences increase serious health risk factors for chronic disease and has a significant impact on the health and emotional well-being of AI/ANs.

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## Native Epistemology

- ❖ Seven Generations Vision.
- ❖ Embrace a life-long learning perspective with the Wisdom of the Elders as fundamental.
- ❖ Looking back though the “Eyes of our Ancestors” and then moving forward; a traditional practice.
- ❖ Seasonal Way of Life is Traditional and Ecological.
- ❖ Knowledge Gathering and Giving Back.

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## Definitions, Language, and Assumptions

“Native science does not attempt to categorize firmly within the domains of ideas, concepts, or laws formed only through an analysis bent on a specific (point of) discovery, as is the case with Western scientific analysis. ...”

“Native science attempts to understand the nature or essence of things...It includes health and being with rational perception to move beyond the surface understanding of a thing to a relationship that includes all aspects of one’s self.”

Gregory Cajete, Author Native Science

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**“A balance of  
studies and  
stories”**

**Hancock and Minkler, 1997**

**Community Based Assessments**



## **Evidence Domains Tribal-Urban Indian Context**

*Adapted Satterfeld, et al. model to Serve a Tribal Context*

## Definition

***A healthy Tribal and Urban Indian community is a safe and nurturing environment, where American Indian and Alaska Native people can experience emotional, spiritual, physical, and social health.***

**Healthy communities provide the resources and infrastructure needed to empower people to make healthy choices and to ensure health equity.**

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## Backbone (see handout)

The framework is an integrated model, which is critical in addressing chronic disease. Our emotional, social, spiritual health and physical health are all interrelated.

Culture is a key component to all aspects of our lives. It is reflected where and the way we live, work, pray and play.

The framework is focused on commercial tobacco free living, healthy eating, active living, emotional wellness, and integration of prevention in clinical settings.



# Healthy Communities: Pulling Together for Wellness

## Values Applied

- ❖ Planning for Seven Generation.
- ❖ Embracing a life course perspective; starting with Moms and Babies.
- ❖ Acknowledging our interconnection with Mother Nature and responsibility to protect our environment.
- ❖ Integrating Cultural and Spiritual Health.
- ❖ Understanding Tribal Sovereignty and Self-Determination.

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# Healthy Communities Pulling Together for Wellness Matrix—See Handout

## Healthy Tribal and Urban Indian Communities Matrix

<b>Vision</b> <b>What are Healthy T-U Indian Communities?</b>	<b>Goals</b> What you want to Accomplish	<b>Indicators</b> How will you know whether you have accomplished?	<b>Data</b> Where is the best information about indicators?	<b>Strategies</b> How will it be accomplished—ED, BP, PP, GI*	<b>PES**</b>
<b>Babies are born (and stay) healthy</b>	<ul style="list-style-type: none"> <li>• Reduce Infant Mortality;</li> <li>• Reduce LBW;</li> <li>• Increase breastfeeding-- initiation and at 6 months;</li> <li>• Improved maternal and newborn health</li> </ul>	•			
<b>Moms are supported</b>	<ul style="list-style-type: none"> <li>• Reduce HBW,</li> <li>• Reduce MH diagnoses,</li> <li>• Reduce Alcohol and drug use;</li> <li>• Reduce Smoking;</li> <li>• Reduce Threaten PT labor;</li> <li>• Reduce LBW first pregnancies;</li> </ul>	•			
<b>Dads are supported</b>	<ul style="list-style-type: none"> <li>• Reduce MH diagnoses,</li> <li>• Reduce Alcohol and drug use;</li> <li>• Reduce Smoking;</li> </ul>	•			

# Healthy Communities: Pulling Together for Wellness

**Healthy Communities Matrix:** Represents the best thinking of Leadership Advisory Committee to describe a vision for Healthy Indian Communities, and a menu of culturally-appropriate, effective community-wide health interventions.

**Vision & Goals**  
*Where we want to be*

**Indicators & Data**  
*Where we are now, and how to know that we're moving toward the Vision*

**Strategies**  
*What we will do to start moving toward the Vision*

**7 GENERATIONS**

# Healthy Communities: Pulling Together for Wellness

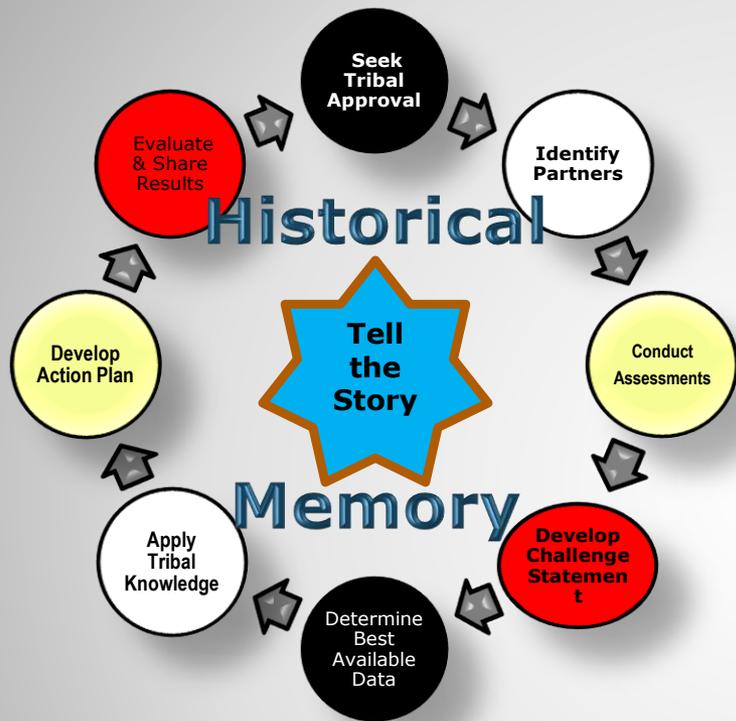
<b>VISION</b> <b>What are Healthy T-U Indian Communities?</b>	<b>GOALS</b> <b>(desired outcomes)</b> <b>What you want to Accomplish</b>	<b>OUTCOME INDICATORS</b> <b>(data sources in parentheses)</b> <i>How we know where we are now, and whether we are moving toward the goal</i>	<b>STRATEGIES</b> <i>(Evidence-based Practice, Practice-based Evidence, Promising Practice)</i>
<p>Families have access to healthy nutritious food</p> 	<ul style="list-style-type: none"> <li>• Increase access to healthy nutritious foods</li> <li>• Reduce Obesity</li> <li>• <b>Increase food sovereignty training</b></li> <li>• Increase food preservation training</li> </ul> 	<ul style="list-style-type: none"> <li>• Knowledge about healthy foods and healthy choices among families (community surveys)</li> <li>• Number of access points (outlets, programs such as SNAP) for healthy foods, quality of foods, ability to access healthy foods (community surveys, community environment/systems assessment)</li> <li>• % adults/parents who are overweight or obese (RPMS, BRFSS, Tribal BRFS); % youth who are overweight or obese (HYS)</li> <li>• Availability of food sovereignty training – programs per year, provision of resources for continued implementation (community environment/systems assessment); number of participants in programs (program records); % adults who know about food sovereignty training, % adults and youth who participate in training, % who actively change personal practices (community survey)</li> <li>• Availability of food preservation training – programs per year, provision of resources for continued implementation (community environment/systems assessment); number of participants in programs (program records); % adults who know about food sovereignty training, % adults and youth who participate in training, % who actively change personal practices (community survey)</li> </ul>	<ul style="list-style-type: none"> <li>• Start or increase sustainable intergenerational Tribal community gardens. Youth programs may include having Tribal elders share cultural knowledge and wisdom with tribal youth who learn how to plant, harvest, etc. under the guidance of elders.</li> <li>• Develop mobile farmers' markets to enhance access to fresh produce to Tribal and urban Indian community members, particularly those in remote locations or who are unable to travel. (PBE)</li> <li>• Improve access to grocery stores and supermarkets. (PBE)</li> <li>• Adopt and support school policies to provide healthy traditional food and beverage options in Tribal schools, including cafeterias, a la carte, vending, classrooms, and events. (PBE)</li> <li>• Adopt and support policies for healthy traditional foods in Tribal early learning environments/child care centers. (PBE)</li> <li>• Include healthy eating concepts in Tribal policies and tools, such as comprehensive plans, Tribal zoning ordinances, permits, and licensing rules, as appropriate. (PBE)</li> <li>• Ensure access to WIC program and stores that are WIC certified</li> <li>• to cook traditional meals, etc.) (PBE)</li> </ul>

# Healthy Communities: Pulling Together for Wellness

## EXAMPLE

### Policy, Environmental and System Change Strategies

Physical Activity	Nutrition	Tobacco	Emotional Wellness	Prevention Linkages
Promote school zone safety	<b>Advocate to tribal leaders to increase access to traditionally grown foods</b>	<b>Use youth canoe activities program to educate and prevent alcohol, drug, tobacco use</b>	Convene a Gathering of Native Americans (GONA) training in your community	Establish tobacco use screening as part of clinical prevention services
Let's Move in Indian Country Campaign	Promote use of traditional foods at schools	<b>Promote No-Smoking Policies in Tribal Housing</b>	Convene Cradleboard Project	Establish preconception counseling as standard topic in exams for young women
Promote T/U Safe Streets	Start a Native Plate Media Campaign	<b>Include Tobacco and SES education in Home Visiting Programs</b>	<b>Work with schools to incorporate MIH in curriculum</b>	
Promote workplace policies to allow physical activity breaks	<b>Promote Breastfeeding policy/codes</b>		Include depression screening in Home Visiting programs	



## The Process Steps

1. Develop Competencies/build the Workforce
2. Seek Tribal Approval
3. Identify Partners
4. Conduct Assessments
5. Develop Challenge Statement
6. Determine the Best Available Data
7. Apply Tribal/Indigenous Knowledge
8. Develop Action Plan
9. Evaluate/Share Program Results
10. Tell the Story

**Healthy Communities:  
Pulling Together for Wellness**

# Competencies

1. Understanding components of the framework.
2. Knowledge of Tribal sovereignty.
3. Knowledge of Native epistemology.
4. Knowledge of Tribal/Native history of the region.
5. Knowledge of resilience to historical and intergenerational trauma and Adverse Childhood Experiences Study (ACES).
6. Understanding of health equity and social determinates of health.
7. Understanding policy, environment, systems change methods.
8. Understanding of community health assessments.
9. Ability to identify and quantify the challenge.

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## Competencies con't.

10. Ability to develop a concise statement of the challenge.
11. Knowledge of policy, environment, and system change strategies to address commercial tobacco use, healthy eating, active living, emotional wellness, and prevention linkages in clinical settings.
12. Knowledge of evaluation methods.
13. Understanding and the ability to identify evidence-based, practice-based evidence, and promising practices.
14. Ability to build a promising practice.
15. Ability to communicate and advocate.
16. Ability to develop relevant and sustainable cross-sector partnerships.
17. Ability to find and write grants.

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## Sustainability Strategies

- ❖ Continue to integrate PTW framework in current work.
- ❖ Mobilize support at the Tribal and State levels.
- ❖ Implement key components of PTW framework.
- ❖ Provide training and technical assistance to Tribes and Urban Indian Program.
- ❖ Obtain funding to implement comprehensive demonstration project.
- ❖ Implement strategies focused on commercial tobacco use, healthy eating, active living, emotional wellness, and prevention linkages as funding allows.
- ❖ Explore policy options specific to Commercial Tobacco.
- ❖ Engage Tribal leadership and Tribal youth in an advisory committee.
- ❖ Develop cultural resources with Tribal elders/traditional healers.
- ❖ Maintain DOH support for capacity building, engagement and technical assistance.
- ❖ Further develop the PTW Matrix (Outcome Indicators and Strategies).
- ❖ Enhanced partnerships: NWIC, NPAIHB, IHS, AND WSPHA.
- ❖ Engagement with Tribes, Urban Programs, State and other partners.
- ❖ Share framework in Tribal, State, Regional and National Forums.

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# Shoalwater Bay Tribe's PTW Multi-Sector Team



## Phase I

- ❖ Convened Multi-sector team
- ❖ Conducted a Community Survey (food, physical activity and commercial tobacco)
  - Phase II
- ❖ Held a community dinner to “tell the story”
- ❖ Youth involvement
- ❖ Challenge Statement: Improve the health of Shoalwater Bay Tribal members for seven generations by embracing the healthy traditions of our ancestors. **“Change the Norm”**
- ❖ Reviewed data needs for gaps and needs
- ❖ Identify and implement 1 PES for each of 3 areas: Healthy Foods, Healthy Activities, Commercial Tobacco Use.

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## **Defining and Cultivating Partnerships**

### **Cultivate and sustain an effective partnership**

- ❖ Respect Tribal sovereignty, historical relationships, and build understanding
- ❖ Gain familiarity with systems, culture, and norms unique to Tribes and Urban Indian communities
- ❖ Appreciate complexity of the political environment
- ❖ Understand different levels of engagement - Tribal Leaders and Tribal Communities

### **Define and be clear about your organization's role**

- ❖ Technical expertise – Tribes know what is best for their communities
- ❖ Respect and understand Tribal ownership of information and data
- ❖ Supportive - Understand processes, staffing, timelines

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Pulling Together for Wellness**

# Defining and Cultivating Partnerships

## **Recognize differences in approaches to work**

- ❖ Understand dynamics
- ❖ Allow flexibility for projects to organically evolve

## **Leverage opportunities for sustainable strategies with other organizations, agencies, departments that may benefit Tribes and Urban Indian Communities**

- ❖ Facilitate the establishment of connections in work

## **Respect and acknowledge differences in the definition of evidence, best practices, success and sustainability**

- ❖ Build understanding on the importance of the impact on the next Seven Generations
- ❖ Support contributions to the knowledge base

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Pulling Together for Wellness**

# Government Program-centric Approaches

## TRIBES AND URBAN INDIAN COMMUNITIES

Approached in a mainstream-centered, uncoordinated way that does not consistently reflect Tribal values, history, and systems.

DEPARTMENT OF HEALTH  
Healthy Eating, Active Living

OTHER STATE GOVERNMENT AGENCIES  
Department of Early Learning

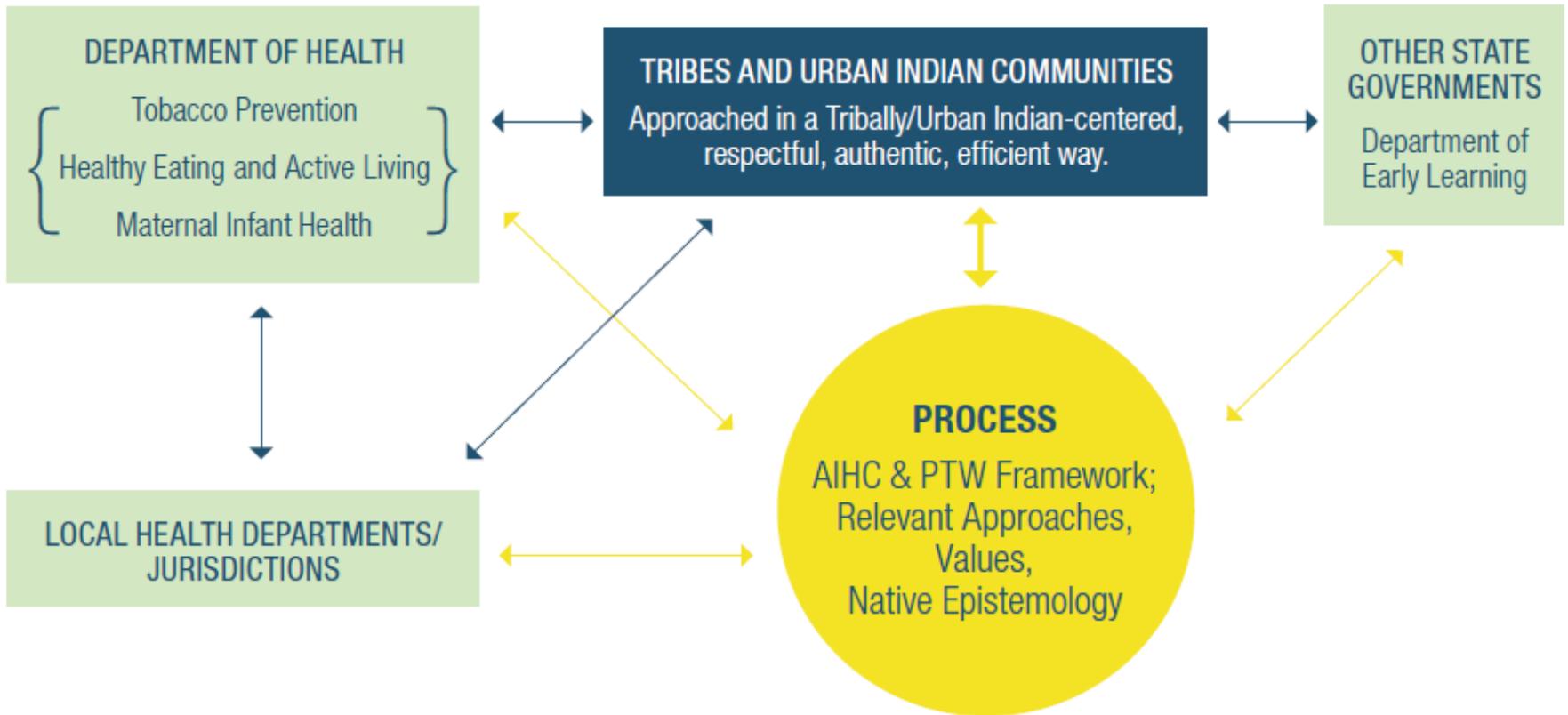
DEPARTMENT OF HEALTH  
Tobacco Prevention

LOCAL HEALTH DEPARTMENTS/JURISDICTIONS

DEPARTMENT OF HEALTH  
Maternal Infant Health

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# Tribal and Urban Indian culture-centric approaches



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## Contact

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**Healthy Communities:  
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# Healthy Tribal and Urban Indian Communities



***A healthy Tribal and Urban Indian community is a safe and nurturing environment, where American Indian and Alaska Native people can experience emotional, spiritual, physical, and social health. Healthy communities provide the resources and infrastructure needed to empower people to make healthy choices and to ensure health equity.***

## ***Our Vision***

- Our babies are born healthy; our mothers and fathers are supported.
- Our tribal youth and adults are strong in mind, body, and spirit.
- Our elders live long healthy lives (100+).
- Our families have access to healthy nutritious food and know how to hunt, catch, gather, grow, harvest and preserve it.
- Our families play and learn together in safe and nurturing environments.
- Our people are self-sufficient and have opportunities for employment and life-long learning.
- Our people have safe affordable housing
- People have self-responsibility.
- Our people are happy, kind, and have good humor.
- Our communities nurture our children and respect our elders.
- Our communities embrace traditional values about respect and honor all people of all ages.
- Our communities have food sovereignty.
- Our communities practice and hand down traditions from generation-to-generation in ceremony, language, and living.
- Our communities respect and are connected to our natural environment.
- Our environments are safe and provide all people with culturally appropriate choices to be healthy.
- Our environments are free of alcohol, commercial tobacco, and other drugs.
- Our systems, policies, and environments are trusted, empower our people, are culturally competent, and promote health equity.

## ***Our Values***

A commitment to the following values will inform and guide the development of the Healthy Tribal-Urban Health Communities framework:

- We acknowledge Tribal sovereignty and self-identity are the highest principles.
- We encourage a shared responsibility for the health of the community.
- We acknowledge the importance of cultural health and our way of life.
- We serve our elders.
- We help our Tribe and/or community.
- We embrace a life course perspective; starting with babies and moms.
- We respect all people.
- We acknowledge how resources are distributed show—community values—investing in vulnerable members of society.
- We embrace a life-long learning perspective with the wisdom of the elders as fundamental.
- We acknowledge the importance of ceremony and time to heal.
- We protect and strengthen culture, traditional values, and spirituality.
- We embrace the importance of rest and seasonal living.
- We acknowledge our interconnected relationship with Mother Nature and the responsibility to protect our environment.
- We understand the importance of community incentives and healthy competition.
- We promote social justice and health equity.
- We serve our community with "Sacred Hospitality."

**PULLING TOGETHER  
FOR WELLNESS**



## CASE STUDY FOCUS



# AMERICAN INDIAN HEALTH COMMISSION FOR WASHINGTON STATE (AIHC)

Pulling Together for Wellness



## BACKGROUND

The American Indian Health Commission (AIHC) for Washington State is a Tribally-driven non-profit organization with a mission of improving health outcomes for American Indians and Alaska Natives (AIAN) - particularly through health policy at the state level. AIHC works on behalf of the 29 federally-recognized Indian Tribes and two Urban Indian Health Organizations (UIHOs) in the state.

In collaboration with the Washington State Department of Health, AIHC has historically provided tobacco prevention and control support for Tribes, including tribal leader training, a tobacco leader health summit and healthy communities position paper, and a nationally-televised tobacco “town hall” with the United States Surgeon General and other Pacific Northwest communities.

## BUILDING CAPACITY FOR CULTURALLY COMPETENT POLICY, ENVIRONMENT, AND SYSTEMS (PES) CHANGES IN TRIBAL-URBAN INDIAN COMMUNITIES

AIHC was funded by the Department of Health to build capacity for healthy communities work that is culturally competent in Tribal and Urban Indian settings. Unlike other communities experiencing health disparities, Tribes are sovereign nations. Rather than dictate expectations for them, AIHC works to create opportunities for discussion, supports Tribes to identify their own priorities, and creates resources to support PES efforts by the Tribes.

AIHC’s capacity building support for PES work has been defined by three components:

- 1. Engaging** Tribal and Urban Indian Leadership around PES to Create Healthy Tribal and Urban Indian Communities.
- 2. Developing** a menu of effective PES strategies and the Healthy Tribal and Urban Indian Communities Framework.
- 3. Creating** tools and resources to support action on PES strategies.

### Engaging Tribal and Urban Indian Leadership around PES to Create Healthy Tribal and Urban Indian Communities

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#### *Established the Healthy Tribal and Urban Indian Leadership Advisory Committee*

AIHC established the Healthy Tribal and Urban Indian Leadership Advisory Committee (LAC) to provide guidance and direction on an approach to create healthy Tribal and Urban Indian Communities. Among its efforts, the LAC discussed the relevance of a healthy communities framework and gathered leadership insight about culturally appropriate strategies. In-person interviews with LAC members established a vision for healthier Tribal and Urban Indian communities throughout Washington State.



The project has been a success – leaders remain engaged in the process, attending multiple meetings and continuing to assist in project guidance and direction. During development, the LAC renamed the project *Pulling Together for Wellness* (PTW) to represent the analogy of the canoe journey emphasizing Tribal and Urban Indian communities “pulling together” to build and strengthen health and wellness.

### **Conducted Joint Trainings**

In 2012, a series of three trainings were conducted jointly by AIHC and the Department of Health to orient the LAC, AIHC delegates, and other Tribal and Urban Indian partners on the PTW project. From the start, in-person presentations were made bi-monthly to AIHC delegates to ensure that Tribal community leaders were aware of the project’s purpose and status, and could provide advice or participate.

### **Showcased Healthy Tribal and Urban Indian Communities at the 2012 Tribal Leaders’ Health Summit**

The 2012 Tribal Leaders’ Health Summit – *Healthy Tribal and Urban Indian Communities: The Journey Forward to 2014* – was attended by approximately 150 people and showcased the healthy communities project. Tribal leaders discussed what a healthy community is relative to their Tribes and Urban Indian communities, and guidance was provided on the development of a Tribal- and Urban Indian-centric comprehensive framework to address chronic disease.



The outcome from this work was a plan for applying public health goals and practices in a meaningful Native context. The Tribally-centered process of developing the plan brought historical perspective to the discussion and shared understanding about the underlying reasons for some current health problems. The plan describes how to utilize the best data available and to understand what influences the current health status and disparities experienced by AIAN people (risk factors, social determinants of health, adverse childhood experiences (ACES), and historical inter-generational trauma).

### **Developing a Menu of Effective PES Strategies that Support the Healthy Tribal and Urban Indian Communities Framework**

AIHC and Tribal leaders developed a framework for PES changes that included Tribally-centered goals and values, with attention to what are considered public health best practices. The framework – recently named *Healthy Communities: Pulling Together for Wellness* – is supported by the Tribes and Urban Programs in Washington State (demonstrated by the passage of an AIHC resolution dated February 13, 2014). The framework was presented in late 2013 at a variety of forums, including Tribal communities, councils, and advisory boards, as well as state, regional, and national events. The detailed framework identifies 18 competencies for leaders approaching chronic disease prevention and planning.

### **Creating Tools and Resources to Support Action on PES Strategies**

AIHC is currently developing tools and resources to support the implementation of plans and PES strategies. Multiple opportunities exist to link different programs and funding sources with common approaches. One challenge to an integrated approach is the “topic-driven” funding provided by



different agencies. However, the PTW framework provides a guide for effective linkages of topics to common approaches from seemingly diverse sources. One example is reviewing existing home visiting efforts in Tribal and Urban Indian communities to provide recommendations for implementing chronic disease prevention activities. Home visiting is a culturally relevant model for educating AIAN families and is already being used in maternal and infant health work. Home visiting can also support additional health goals, like ensuring that home visiting curriculum includes culturally appropriate information on the use of commercial tobacco during pregnancy, health risks from exposure to smoke, and the promotion of smoke-free homes.

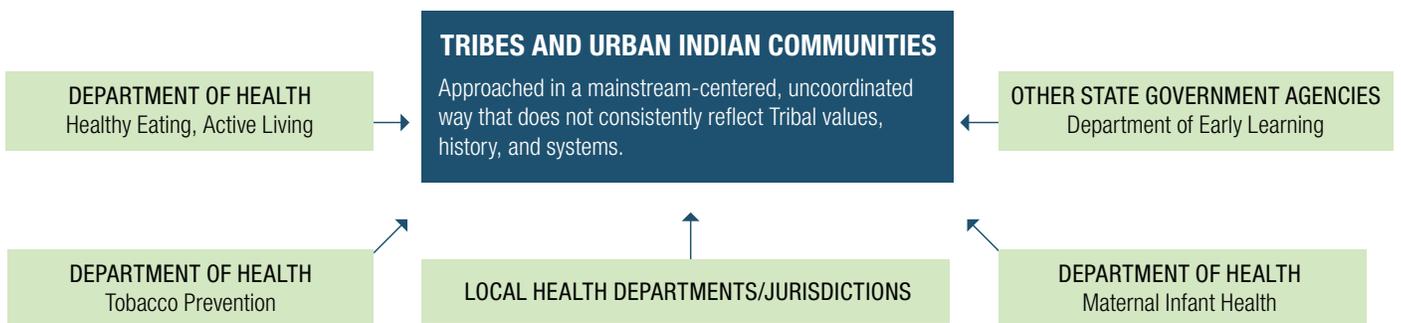
AIHC also sees addressing historical inter-generational and childhood trauma as a foundational need for a variety of health issues. For example, ACES have repeatedly been shown to correlate with persistent smoking during adulthood. One approach for building Tribal skills to understand and address childhood trauma is to bring a national trainer in to address linkages between historical inter-generational trauma and current scientific knowledge regarding childhood trauma and cultural resilience, in partnership with existing efforts in Maternal Infant Health (MIH) and the Department of Early Learning.

## THE WAY FORWARD

AIHC has built capacity for supporting PES work in Tribal and Urban Indian communities and leaders have developed a framework that can be used by different communities for health planning. Momentum has been generated, with support from the Department of Health, for a “whole new way of thinking” about chronic disease prevention efforts in Tribal communities from a PES perspective. This framework has already been put to use in supporting AIHC work with MIH programs.

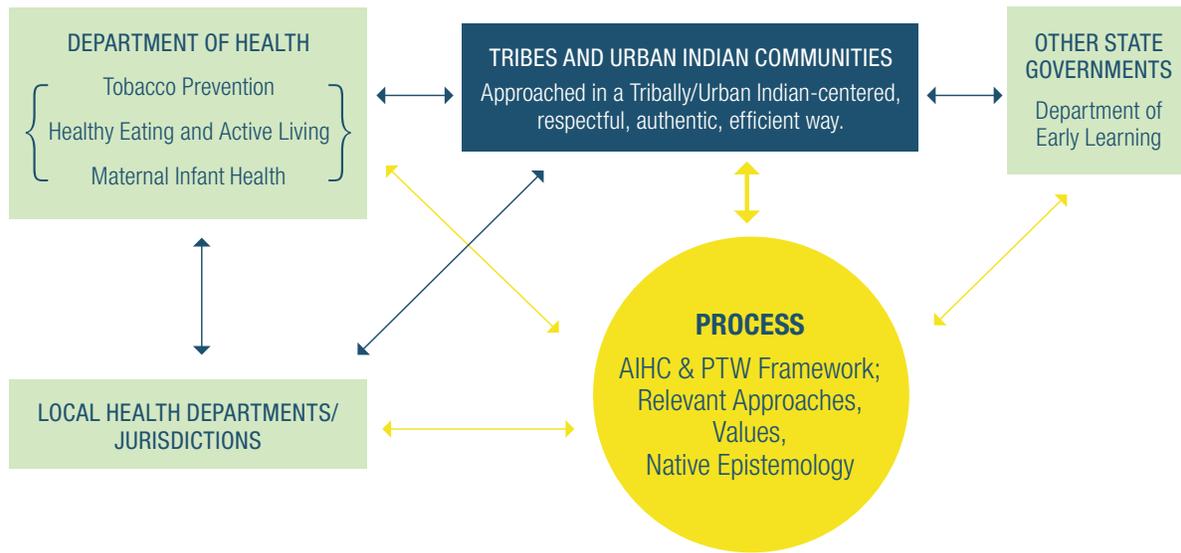
The development of the plan and framework represents a shift in planning for and implementing health programs. The previous “government program-centered approach” provided topic-driven plans, dictated values, and oppressively required Tribes to develop a variety of approaches to address topics. The AIHC “Tribal- and Urban Indian-centric” approach organizes different topical plans within Tribal values, articulated by respected leaders, with respect for history, Native epistemology, Tribal culture, and with identification of common approaches to improve efficiency.

**FIGURE 1: Government program-centric approaches**





**FIGURE 2: Tribal and Urban Indian culture-centric approaches**



The lessons learned from the AIHC and the Department of Health partnership have provided mutual benefits, including using the framework created by AIHC to inform a revision of the Department of Health Strategic Plan. The framework provides a way for thinking about commercial tobacco that helps Tribal leaders and communities consider the impact on people and health, while allowing the Department of Health to talk about commercial tobacco in a culturally-relevant context.

We have to find innovative and Tribally-specific ways to implement changes that have broad scale impacts in our tribal communities. Many Tribes have begun this work and much can be built on the knowledge and success from their various initiatives, including policies that guide or influence behavior and change the way we deliver services.

–Marilyn Scott, former Chair, American Indian Health Commission and Vice Chair of the Upper Skagit Tribe

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**ACKNOWLEDGEMENT:**

Julia Dilley, Washington State Department of Health

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**DATE:** February 11, 2015

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

**FROM:** Emma Medicine White Crow, Chair

**SUBJECT:** UPDATE—Adverse Birth Outcomes Advisory Committee

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**Background and Summary:**

Subsections 4 and 5 of RCW 43.20.275 state as follows:

*“In order to assist with its work, the council shall establish advisory committees to assist in plan development for specific issues and shall include members of other state agencies and local communities.”*

*“The advisory committee shall reflect diversity in race, ethnicity, and gender.”*

As you recall, the Council has adopted adverse birth outcomes as a priority and to assist the Council with developing its recommendations, it will convene an advisory committee.

Today, I have asked Council staff to provide an update on efforts to convene the committee.

**Recommended Council Action:**

None at this time.

**Adverse Birth Outcomes Advisory Committee  
Governor’s Interagency Council on Health Disparities  
Membership Roster**

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Name	Organization/Affiliation
Emma Medicine White Crow (Chair)	Chair, Governor’s Interagency Council on Health Disparities
Sofia Aragon	Chair, Commission on Asian Pacific American Affairs
Vazaskia Caldwell	Member, Governor’s Interagency Council on Health Disparities
Sheila Capestany	Executive Director, Open Arms Perinatal Services
Maria Carlos	HOPE Program Manager, Public Health—Seattle King County
Kathy Chapman	Maternal Child Health Manager, Department of Health
Nora Coronado	Member, Commission on Hispanic Affairs
Lori Hernandez	Licensing Supervisor, Department of Early Learning
Gina Legaz	State Director of Programs and Government Affairs, March of Dimes
Devon Love	Project Director, Center for MultiCultural Health
Shelley Means	NAWDIM Co-Coordinator, Native American Women’s Dialogue on Infant Mortality
Valerie Sasson	President, Midwives Association of Washington State
Leah Tanner	Health Equity Liaison, Global Alliance to Prevent Prematurity and Stillbirth
Heather Weiher	Medical Assistance Program Specialist, First Steps, Health Care Authority

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