



## Proposed Final Agenda

Wednesday • September 9, 2015

9:30 a.m. – 3:30 p.m.

Department of Health

Point Plaza East, Rooms 152/153

310 Israel Road SE, Tumwater, WA 98501

<b>9:30 a.m.</b>	<b>CALL TO ORDER &amp; INTRODUCTIONS</b>	Emma Medicine White Crow, Council Chair
<b>9:35 a.m.</b>	1. Approval of Agenda —Action	Emma Medicine White Crow, Council Chair
<b>9:40 a.m.</b>	2. Approval of May 13, 2015 Minutes —Action	Emma Medicine White Crow, Council Chair
<b>9:45 a.m.</b>	3. Announcements and Council Business	Christy Hoff, Council Staff
<b>10:00 a.m.</b>	4. Briefing—Commission and Community Health Priorities	Emma Medicine White Crow, Council Chair Sara Franklin, Council Member Nora Coronado, Council Member Lori Wada, Council Member Michael Itti, Commission on Asian Pacific American Affairs Willie Frank, Council Member Jan Olmstead, Council Member
<b>11:20 a.m.</b>	5. Briefing—Homeless Assistance and Prevention Programs	Emma Medicine White Crow, Council Chair Diane Klontz, Council Member Tedd Kelleher, Department of Commerce
<b>12:00 p.m.</b>	<b>LUNCH</b>	
<b>1:00 p.m.</b>	6. Demonstration—Health Disparities Index	Emma Medicine White Crow, Council Chair Gail Brandt, Council Member Patrick Vander Kelen, Department of Health Rad Cunningham, Department of Health
<b>1:40 p.m.</b>	7. Public Comment	Emma Medicine White Crow, Council Chair
<b>2:00 p.m.</b>	<b>BREAK</b>	
<b>2:10 p.m.</b>	8. Update—Promoting Equity in State Government	Emma Medicine White Crow, Council Chair Sierra Rotakhina, Council Staff
<b>2:30 p.m.</b>	9. Discussion—Future Council Priorities	Emma Medicine White Crow, Council Chair Christy Hoff, Council Staff
<b>3:10 p.m.</b>	10. Council Member Announcements	Emma Medicine White Crow, Council Chair
<b>3:30 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 Melanie Hisaw at the Board office at (360) 236-4104 by May 8, 2015. This meeting site is barrier free. Emergency contact number during the meeting is (360) 701-2398.





**Draft Minutes of the Governor's Interagency Council on Health Disparities**  
**May 13, 2015**  
**South Seattle Community College-Georgetown Campus, Multi-Purpose Room C122**  
**6737 Corson Ave. S., Seattle, WA 98108-3450**

**HDC members present:**

Marietta Bobba  
Gail Brandt  
Vazaskia Caldwell  
Nora Coronado  
Emma Medicine White Crow  
Kim Eads  
Sara Franklin  
Erica Hansen on behalf of Nova Gattman

Michael Itti on behalf of Sofia Aragon  
Diane Klontz  
Stephen Kutz  
Frankie Manning  
Jan Olmstead  
Millie Piazza  
Gwendolyn Shepherd

**HDC members absent:**

Mona Johnson

Greg Williamson

**HDC Staff present:**

Melanie Hisaw, Executive Assistant  
Christy Hoff, Health Policy Advisor  
Kelie Kahler, Communications Consultant

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

**Guests and Other Participants:**

Stacey Bushaw, Health Care Authority  
Jessie Dean, Health Care Authority  
Alia Fry, Department of Health and Human Services, Office of Minority Health  
Stacy Gillett, Office of Education Ombuds  
Rebecca Lee, Cross Cultural Health Care Program  
Devon Love, Center for MultiCultural Health  
Shelley Means, Native American Women's Dialogue on Infant Mortality

Janelle Okorogu, Center for MultiCultural Health  
Lisa Packard, Qualis Health  
Martha Perla, Department of Social and Health Services  
Jesus Reyna, Department of Health and Human Services, Office of Minority Health  
Val Thomas-Matson, Healthy King County Coalition  
Cathy Wasserman, Department of Health  
Heather Weiher, Health Care Authority

Emma Medicine White Crow, Council Chair, called the public meeting to order at 9:37 a.m. and read from a prepared statement (on file). She asked Council members, staff, and members of the public to introduce themselves.

**1. APPROVAL OF AGENDA**

*Motion: Approve May 13, 2015 agenda*

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

## 2. ADOPTION OF FEBRUARY 11, 2015 MEETING MINUTES

*Motion: Approve February 11, 2015 minutes*

*Motion/Second: Frankie Manning/ Sara Franklin. Approved unanimously.*

## 3. ANNOUNCEMENTS AND COUNCIL BUSINESS

Christy Curwick Hoff, Council Staff, shared information about staff changes. She acknowledged the assistance that Kelly Gilmore provided in her four-month position working on health impact reviews. She also introduced Kelie Kahler the new Communications Consultant. She referred Council members to three letters of support (on file behind Tab 3). Letters were provided to the Chinese Information and Services Center and the Asia Pacific Cultural Center. She said staff was monitoring SB 6121 and HB 1314, which are both carbon pollution cap and trade bills and would expand the Council's authority to convene and staff a Cumulative Impacts Taskforce.

## 4. BRIEFING—HEALTH DISPARITIES DATA

Chair Medicine White Crow referred Council members to the memo behind Tab 4. She said the Council is required to identify priorities on an incremental basis and include recommendations in its reports to the Governor and Legislature. She said it had been a while since the Council had received a briefing on health disparities data and that today's presentation would help to inform future selection of priorities. Gail Brandt, Council Member, introduced Cathy Wasserman, State Epidemiologist for Non-Infectious Conditions with the Department of Health, who gave her presentation (on file behind Tab 4). Her presentation highlighted demographic data, a conceptual framework for how inequities arise, and data on the social determinants of health. Kim Eads, Council Member, asked about linguistic isolation and if that referred to verbal only or also written. Ms. Wasserman said she would check and get back to her. Diane Klontz, Council Member, clarified that the data on affordable housing refers to out of pocket expenses (i.e., not including subsidies). Sara Franklin, Council Member, asked about projected population numbers and what would drive changes in population growth. Ms. Wasserman said the Office of Financial Management has reports on population growth (looking at birth, death, and migration) and she would provide a link for a good resource. Michael Itti encouraged reporting of data broken out for Southeast Asians.

Member Brandt said they had hoped the Department of Health's Chronic Disease Profiles would be completed. She said she would send links to Council members when they are ready. Member Brandt provided information on the life course perspective, which explains how risk and protective factors from birth through the life course impact our health and result in health inequities. Member Eads asked if risk factors included things that were choices or also things that were outside someone's control. Member Brandt said they included both. Vazaskia Caldwell, Council Member, asked for more information on the life course model. Ms. Wasserman said it was from a peer-reviewed publication and that it was a theoretical model, not based on actual data. Ms. Hoff said she would send a link to the article to Council members.

Ms. Wasserman then provided data on life expectancy, causes of death and disease, and risk factors that impact health. Frankie Manning, Council Vice Chair, asked for more information on hospital collection of data on race/ethnicity. Ms. Wasserman said that the race/ethnicity data are often not filled out. Vice Chair Manning said that there is a discomfort with asking someone to self-identify their race/ethnicity so often it is assigned to them by a provider or someone else. She suggested that the Council might be able to address this issue in the future. Ms. Wasserman added that as the state moves more toward an electronic medical record system, perhaps self-reported data can be carried forward with the patient. Michael Itti asked who designs the birth and death certificates. Ms. Wasserman said they are designed nationally with input from the states and then states are asked to

adopt the national standard. The last standard revision to the birth certificate was in 2003. Chair Medicine White Crow said there is variance by county in who fills out the death certificate, adding that the informant is supposed to be the one to fill them out but sometimes it is the coroner or funeral director. Marietta Bobba, Council Member, asked whether data can be broken out by U.S. borne vs. foreign born and Ms. Wasserman said they can with some data sources. Member Bobba also asked about employment and whether it can affect health. Ms. Wasserman said that the scientific literature does show that employment impacts health but the data provided in her presentation were not disaggregated by employment status. Michael Itti shared that this year was the first time students of color exceeded the white population and that the K-12 system is working to make sure data are collected by East African and other populations that are growing quickly. He highlighted the need to collect and report racial/ethnic data better in the future. Michael Itti asked if Ms. Wasserman had any data on mental health disparities. Ms. Wasserman said there are some available data on mental health issues and that they are included in the Chronic Disease Profiles. Member Caldwell asked for additional data on specific cancers, particularly breast and prostate cancer. Nora Coronado, Council Member, shared that the Council's Adverse Birth Outcomes advisory committee was presented with some data showing the prevalence of congenital anomalies making up a higher proportion of post-neonatal deaths. She asked if Ms. Wasserman might have some insight on that. Ms. Hoff said she would share those specific data with Ms. Wasserman.

## 5. PUBLIC COMMENT

Chair Medicine White Crow announced that she was going to transition to the public comment period and read from a prepared statement (on file). She said that the Council made a special call out for the public to attend and share what they believe the Council should identify as future priorities. In addition, the Council specifically asked for feedback from the public on the draft equity guidance that would be reviewed under agenda item 7.

Janelle Okorogu, Center for MultiCultural Health, said that she had previously shared with the Council the importance of tobacco prevention and control. She said the state has done a fantastic job of reducing the tobacco rate, adding that it should still be a priority and the focus should also include e-cigarettes. She said e-cigarette use is high among 10<sup>th</sup> graders and that students are vaping in school, including in classrooms. She said there are metals and other harmful substances in the vapor and that nicotine is often included in the e-juice that is marketed as nicotine-free. She said students are also using e-cigarettes to smoke marijuana oil in school. She said kids are purchasing the e-juice and selling it by the drop. They are also adding it to Gatorade and other beverages. She said it can come into contact with children's skin and they can be poisoned by that route as well. She said toddlers are ingesting the e-juice and calls to the poison center have been increasing. She offered that as the Council works on developing priorities that it consider tobacco prevention and control and include e-cigarettes. Member Franklin acknowledged the excellent work and educational information provided by the Center for MultiCultural Health and thanked Ms. Okorogu for her comments.

Stacy Gillette, Director of the Office of the Education Ombuds, provided information on her office. She said the OEO helps families and students resolve conflict with the public schools. She said they are usually contacted by parents and increasingly by grandparents, social workers, counselors, and others. She referred Council members to their annual report, which includes their recommendations. She said 60% of their cases involve obstacles for students with disabilities, including children with autism, mental health disorders, and post-traumatic stress disorder. She said these students are more likely to experience bullying and are more likely to be expelled, isolated, and restrained. She suggested that there might be opportunities for the Council to work with the OEO. She also

referred Council members to reports regarding language access. She said interpreters in schools are not trained and it is difficult to get districts to use the telephone language line to provide support to family members. She said that schools focus on the English Language Learner students and not the families, adding that family engagement is important. She asked the Council for its support on these issues and said she would welcome the chance to work together to address the needs of these vulnerable children.

Ms. Hoff referred Council members to the written comments received (on file behind Tab 5).

## 6. ADVERSE BIRTH OUTCOMES RECOMMENDATIONS

Chair Medicine White Crow said that the Council recently convened an advisory committee to help develop recommendations to eliminate disparities in adverse birth outcomes. She said the full Council would have the opportunity to hear the proposed recommendations, ask questions, and engage in discussion during this agenda item. She said that at the end, she would be asking the Council to consider a motion to approve the recommendations for submission to the Governor and Legislature in the Council's June Update.

Ms. Hoff introduced three members of the Council's advisory committee: Heather Weiher, Program Manager for the First Steps Program at the Health Care Authority, Devon Love, Project Director for the Center for MultiCultural Health, and Shelley Means, Co-facilitator for the Native American Women's Dialogue on Infant Mortality. Ms. Weiher provided an overview of the committee, Ms. Love discussed the work processes that the committee used, and Ms. Means shared additional strategies and next steps. They each provided detail on the committee's three recommendations. The presentation is on file behind Tab 6.

Stephen Kutz, Council Member, asked why one of the recommendations was to fund Maternity Support Services only in the postpartum period. Ms. Hoff clarified that the intent is to fund additional units that could only be used in the postpartum period – these would be in addition to those units that could be used in the prenatal period. She acknowledged the language was misleading and said she would clarify in the report. Member Franklin asked about the distinction between cultural humility and cultural competency. Ms. Means indicated that cultural humility is about understanding that the person sitting next to you may have their own value system and experiences that impact health. Ms. Hoff shared the definition of cultural humility included in the report, adding that it was a term that was being used more frequently and one that was preferred by the committee. Jan Olmstead, Council Member, commented that she really supports the cultural humility recommendation and that the work needs to be driven by the community. Member Brandt asked if the committee considered a recommendation that would mandate cultural humility training for state employees. Ms. Love said the committee would prefer that such training be mandatory but that they understand the Council does not have that authority. Member Caldwell indicated that she respects the committee's work, and that they have an opportunity to make an impact by adopting these recommendations.

Ms. Hoff referred Council members to Tab 6 and walked members through the document outlining the Advisory Committee's recommendations. Michael Itti commented on the section of the report that highlights data on disparities in adverse birth outcomes. He said that due to lack of data disaggregation it appears that Asian Americans do not experience disparities. Ms. Hoff said she would make a correction to that section to note the lack of data disaggregation. Gwendolyn Shepherd, Council Member, asked if there is an evaluation plan to determine whether the recommendations make a difference. Ms. Hoff said that they planned to track the recommendations

to determine if they are implemented and to what extent. Ms. Weiher added that they have not had the funding to evaluate the First Steps Program, but if they received funding they would like to evaluate the program. Member Eads asked if the committee considered WIC and the emergency food system in their deliberations, adding that there is a recognition that nutrition impacts birth outcomes. Ms. Love said that there is some alignment between the WIC system and both the First Steps and the community driven approaches recommendations. Ms. Hoff added that the committee did talk specifically about WIC, but that one reason that it may not have been elevated is because enrollment has been dropping. Member Olmstead said the American Indian Health Commission has been working on a home visiting project with the Department of Health and they are sponsoring focus groups with tribes and urban Indian programs. She said she hoped that the Committee would consider this work in their discussions moving forward. She extended an invitation to the panel to present the recommendations to the AIHC Infant Health Workgroup.

***Motion:** The Council approves in concept the draft adverse birth outcomes report and recommendations as submitted on May 13, 2015, directs staff to incorporate changes from today's discussion as necessary, and authorizes the chair to approve the final version for inclusion in the Council's June 2015 Update Report*

***Motion/Second:** Vazaskia Caldwell/ Gwendolyn Shepherd. Approved unanimously.*

## **7. GUIDANCE FOR PROMOTING EQUITY IN STATE POLICIES AND PROGRAMS**

Chair Medicine White Crow referred members to the memo behind Tab 7. She said that through its partnership with the Healthiest Next Generation initiative, the Council was asked to develop guidance to promote equity in state policy and program decisions. She said that Sierra Rotakhina, Council Staff, would provide a briefing on the guidance. Ms. Rotakhina gave her presentation (on file behind Tab 7). She discussed the process to connect with stakeholders with equity expertise. She also looked at policies in Washington and other states as well as research on initiatives to promote equity. She acknowledged the stakeholders who contributed to the report. She also highlighted how the Council has authority and responsibility to develop recommendations to ensure state actions do not perpetuate disparities. She then reviewed the draft guidance with Council members (also on file behind Tab 7).

Member Caldwell said that the Institute of Medicine had data disaggregation standards that could be of use to the report. Ms. Rotakhina said she would look at them. Millie Piazza, Council Member, suggested the following changes: (1) including environmental conditions as a societal factor, (2) using the word populations sometimes instead of communities, and (3) adding "...to eliminate barriers to participation" to the end of the bullet regarding civic participation. Member Brandt requested adding definitions for inequity, cultural competency, and cultural humility.

***Motion:** The Council approves in concept the draft text of the Guidance for Promoting Equity in State Policy and Program Development as submitted on May 13, 2015, directs staff to incorporate changes from today's discussion as necessary, and authorizes the chair to approve the final version for inclusion in the Council's June 2015 Update Report.*

***Motion/Second:** Gail Brandt/ Steve Kutz. Approved unanimously.*

## **8. REVIEW ACTION PLAN UPDATE**

Chair Medicine White Crow referred Council members to the memo behind Tab 8. She said that the Council would have the opportunity to review the draft text of the next update report to the Governor and Legislature. Ms. Hoff reviewed the draft Update (on file behind Tab 8). Member Kutz noted that there has been a broad range of topics for health impact reviews and that

everything impacts health. He asked if there are other groups in the state doing this type of work. Ms. Hoff mentioned that there were two bills this session, which did not pass, that would have created equity impact evaluations. Member Bobba said it has been valuable for Council members to be alerted to HIRs when a request is received so that state agencies can be engaged on the front end.

***Motion:** The Council approves in concept the draft text of the Guidance for Promoting Equity in State Policy and Program Development as submitted on May 13, 2015, directs staff to incorporate changes from today's discussion as necessary, and authorizes the chair to approve the final version for inclusion in the Council's June 2015 Update Report*

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

## 9. HEALTH IMPACT REVIEWS

Chair Medicine White Crow referred Council members to the memo behind Tab 9. She asked Ms. Rotakhina to give her presentation (on file behind Tab 9). Ms. Rotakhina's presentation covered the new strength of evidence criteria, the ways that health impact reviews have been becoming more integrated into the legislative process, and the reviews completed this session. Member Franklin asked if a legislator could request a review on something that is not a bill (e.g. draft bill or a proposal not yet in bill format). Ms. Rotakhina said they could make such a request, adding that it was a good approach since there would be ample time to make changes based on review findings.

## 10. UPDATE—CLAS PROJECT

Chair Medicine White Crow referred Council members to the memo behind Tab 10. She asked Yris Lance, Council Staff, to give her presentation (on file behind Tab 10). Her presentation covered activities to promote CLAS standards across agencies and other organizations, the Interagency LEP Workgroup, and activities with the Washington State Coalition for Language Access to develop a Tools for Health Toolkit. Grant activities included sponsoring a flyer for providers that included information and resources on CLAS, developing in-person and online CLAS training, as well as conducting trainings with local health jurisdictions. Member Caldwell asked for clarification about the audience for the online training. Ms. Lance said it was at the employee level. Member Eads said her agency would be interested in including CLAS materials in new employee orientation packets.

Member Caldwell said the Health Care Authority adopted their CLAS policy last week. She said they were working with a strategic planning consultant on their work plan. She said they inserted CLAS language into contracts with managed care organizations. Their CLAS committee has also developed a reporting tool to track accountability. She highlighted that they were beginning efforts to integrate CLAS into the PEBB program and CLAS was adopted as one of their agency's top priorities for their communication plan.

Ms. Lance said she recently met with leadership at the Department of Early Learning and she would be providing a CLAS presentation at an upcoming staff retreat. She also provided some highlights on the work at the Department of Health. Chair Medicine White Crow said the grant ended at the end of August and the new funding opportunity announcement included requirements that were outside the Council's authority. Therefore, the Council would not be able to apply for continued funding. She acknowledged the work that Ms. Lance and Ms. Meehan had done to promote CLAS standards. Member Shepherd thanked Ms. Lance for her work.

## 11. COUNCIL MEMBER COMMENTS AND UPDATES

Chair Medicine White Crow said that this was an opportunity for Council Members to share any updates of announcements.

Member Eads shared leadership changes at the Washington State Department of Agriculture, including her former boss now serving as the acting deputy director the resignation of the director. She said they have hired a nutritionist, who is developing informational materials and they are asking for input on languages for translation.

Member Caldwell said the Healthier Washington Initiative had a meeting with the Accountable Communities of Health to determine how they are going to work together. The agency's Chief Medical Officer received authorization to certify shared decision-making aids and they convened a subcommittee to look at tools. She said she would send a link to the Diabetes Epidemic Action Report to staff to send out to members. She also provided notice of two upcoming events – the Black Education Strategy Roundtable and the Leaders in Women's Health Summit in Pierce County.

Member Kutz acknowledged the written public comments received. He suggested that as Council members review the comments they keep in mind that when those convicted of a crime are finished serving their term that they are released back into their own communities.

Member Piazza announced that the Environmental Justice screening tool (EJSCREEN) would be released soon and she would send staff information on future webinars to forward to the Council.

Member Franklin shared a new resource from the Commission on African American Affairs—“Creating an Equitable Future in Washington State: Black Well-Being and Beyond.” She said the document is available on the Commission's website

Michael Itti – said the Commission on Asian Pacific American Affairs is seeking a proclamation from the Governor to recognize minority mental health month and he offered to coordinate with agencies on activities during the month.

Member Bobba said the Department of Social and Health Services is continuing with their tribal-centric behavioral health project, “Money Follows the Person”. The project identifies how services meet or do not meet the needs of American Indian/Alaska Native populations and if there are needed services to help them return to their communities. She said they are holding a two-day meeting in June to discuss findings and come up with draft recommendations to send to the Centers for Medicaid and Medicare. Next steps will be to implement recommendations.

Erica Hansen announced that the next Health Workforce Council meeting would be on June 24 at the Tacoma Community College.

Member Shepherd provided information on efforts in Kitsap County to work with senior citizens to provide health information to younger generations. She said she is excited about the meeting today and will use what she learned to incorporate into their grant proposals.

## **ADJOURNMENT**

Chair White Crow adjourned the meeting at 3:58 p.m.



You are cordially invited to join 100 health, behavioral health, and human services leaders at our second annual:

## STOMACH CANCER PREVENTION CONFERENCE

Friday, October 30<sup>th</sup> 2015 10:00 am – 5:00 pm  
 Dumas Bay Conference Centre  
 3200 SW Dash Point Rd, Federal Way, WA 98023

There is no cost to attend and complimentary lunch will be served.  
 Please RSVP by October 10<sup>th</sup> to Suzanne Pak, Dir. Community & Behavioral Health at  
 Korean Women's Association. [spak@kwacares.org](mailto:spak@kwacares.org) | (425) 591-2331



*Korean Women's Association (KWA) and partners are leading Washington state's first stomach cancer prevention program, with funding from Patient Centered Outcomes Research Institute (PCORI), Washington State DSHS's Division of Behavioral Health & Recovery, and the City of Federal Way.*

**October 30<sup>th</sup> 2015 Stomach Cancer Conference will include the following sessions:**

- ❖ **Debriefing:** last year's summit and surveys
- ❖ **Stomach Cancer Prevention:** nutrition and substance abuse treatment
- ❖ **Early Detection:** symptoms that can indicate pre-cursor to stomach cancer
- ❖ **Break-out Sessions:** help us design intervention to detect stomach cancer in primary care or behavioral health setting!

*Free hors d'oeuvres will be provided during optional networking session after the conference.*



**DATE:** September 9, 2015

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

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

**SUBJECT: BRIEFING—COMMISSION AND COMMUNITY HEALTH PRIORITIES**

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**Background and Summary:**

Statute requires that the Council develop policy recommendations to address select health topics, including the social determinants of health, on an incremental basis and to include these recommendations in its reports to the Governor and Legislature.

Past Council priorities have included education, health insurance coverage, healthcare workforce diversity, obesity, diabetes, poverty, environmental exposures and hazards, behavioral health, the state system, adverse childhood experiences, CLAS standards, and adverse birth outcomes.

At our last meeting, the Council received a briefing on current health disparities data in Washington State from Department of Health staff and held a special public comment session where we requested community input on new priorities. During today's meeting and our next scheduled meeting in December, I'd like the Council to continue receiving information and having discussions to guide our selection of future priorities.

During this agenda item, we will hear from the Commissions on African American, Asian Pacific Islander, and Hispanic Affairs as well as the American Indian Health Commission about their priorities related to health and the social determinants of health. Our Commission representatives will also share the issues they've been hearing are most important to the communities they serve. Later in the agenda, we have devoted time to hear Council members' initial thoughts on priority health areas and the types of information and briefings they'd like to have at the December meeting to help inform decision making. We'll also discuss the process for selecting new priorities.

I do not intend for the Council to necessarily adopt new priorities at today's meeting, but rather to continue the discussion and inform future briefings and activities.

**Recommended Council Action:**

None at this time.



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# *Health Issues of Latinos in Washington State*

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# Unique Aspects



Fastest growing population in NW: 12.2%;  
4% age 65+; 39% are age < 18

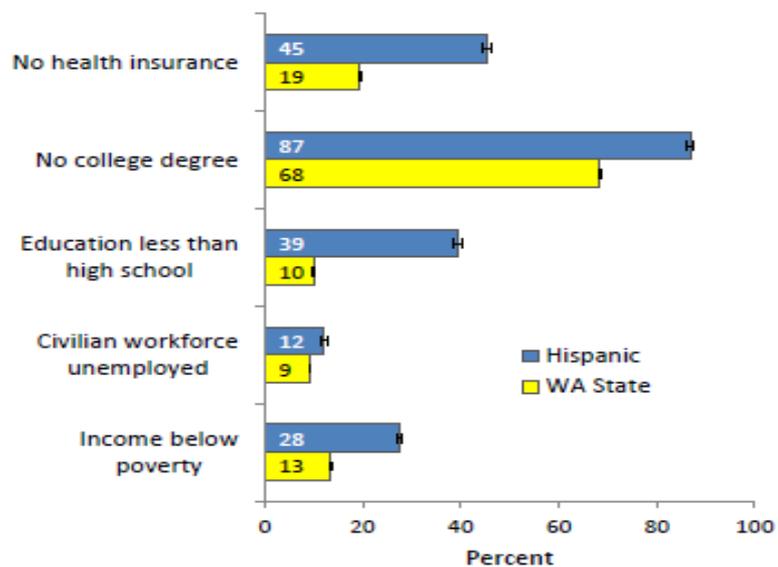
- Higher fertility rate
- Immigration
- Youthful demographic
- Rural Urban

Persistent disparities experienced by  
Latinos across the life-span

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### Social and Economic Risk Factors



**Data Source:** US Census Bureau, American Community Survey (ACS) Public Use Microdata Sample, 2009-2013

# Health Profile



## Threats to Health Status:

- Obesity, Diabetes and Heart Disease
  - Anxiety, Depression and Suicide
  - Neighborhood and Family Violence
  - Environmental Toxins
  - Work-Related Injuries and Deaths
  - Oral Health
  - Lack of Health Insurance
-

# Obesity in Hispanics



## Adults

## Children

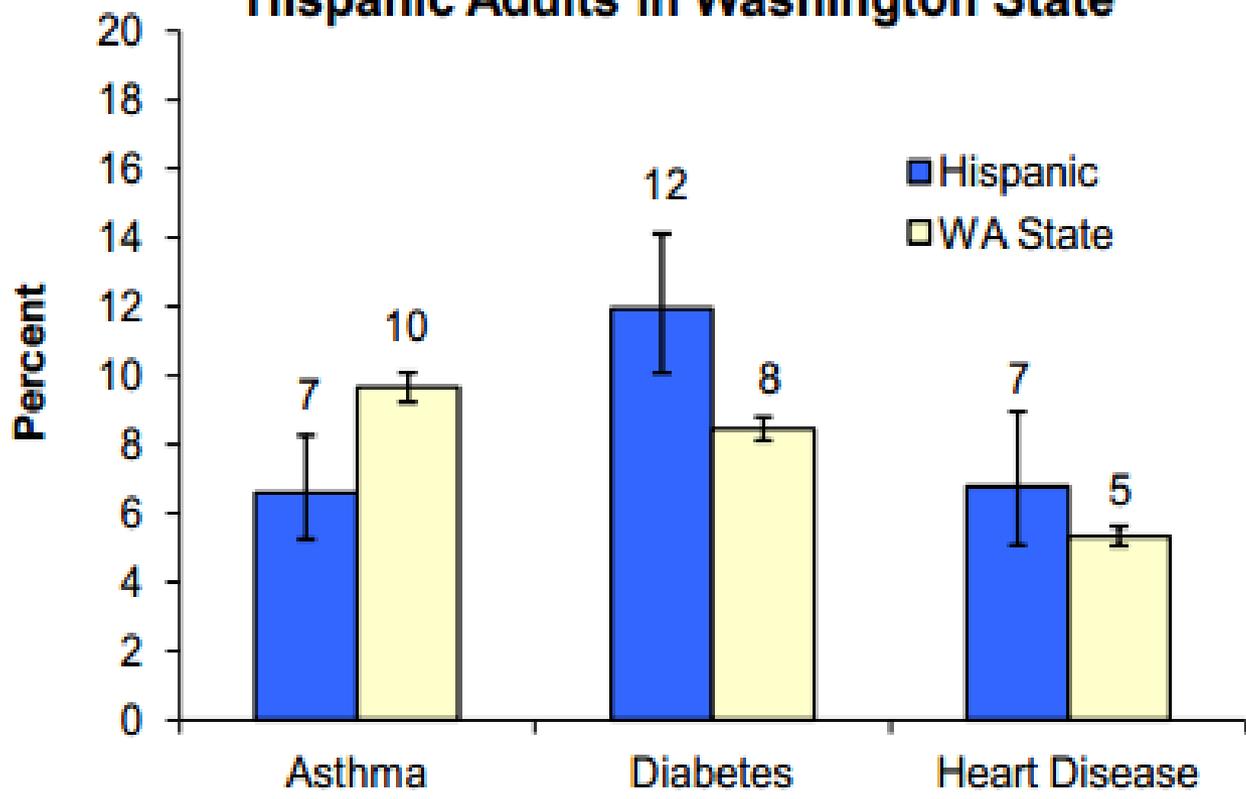
**Table 4: Adult Obesity by Race/Ethnicity  
(Behavioral Risk Factor Surveillance System, 2011)**

Race/Ethnicity	Percent	Margin of Error (+/-)
State	27	1
Asian	8	2
Non-Hispanic White	27	1
Hispanic	32	3
Black	39	5
American Indian/Alaska Native	44	6
Native Hawaiians/Other Pacific Islander	46	9

**Table 1: Childhood Overweight and Obesity by Race/Ethnicity  
(Healthy Youth Survey, 2012)**

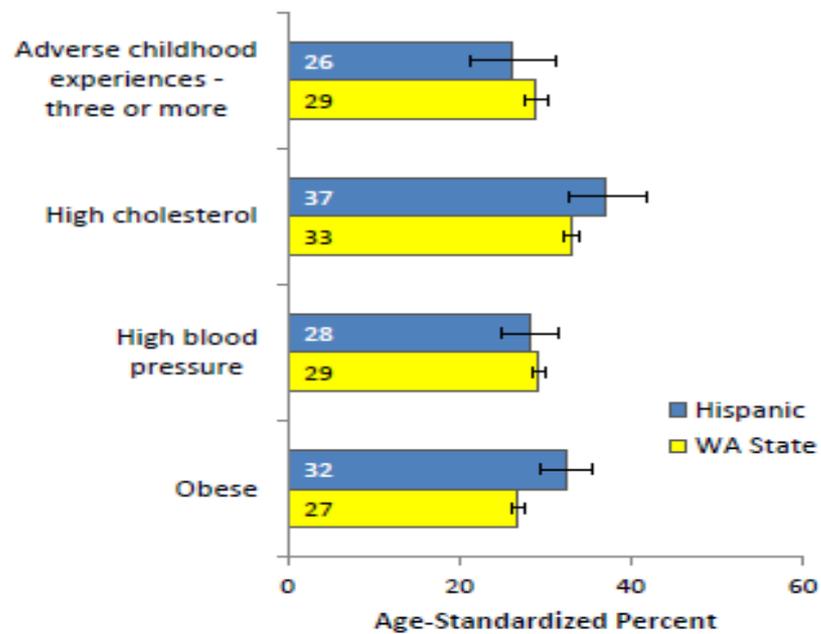
Race/Ethnicity	Percent	Margin of Error (+/-)
State	23	2
Asian	16	5
White	21	3
Hispanic	27	4
Black	29	7
Native Hawaiians/Other Pacific Islander	33	12
American Indian/Alaska Native	34	7

## Chronic Disease Prevalence Among Hispanic Adults in Washington State



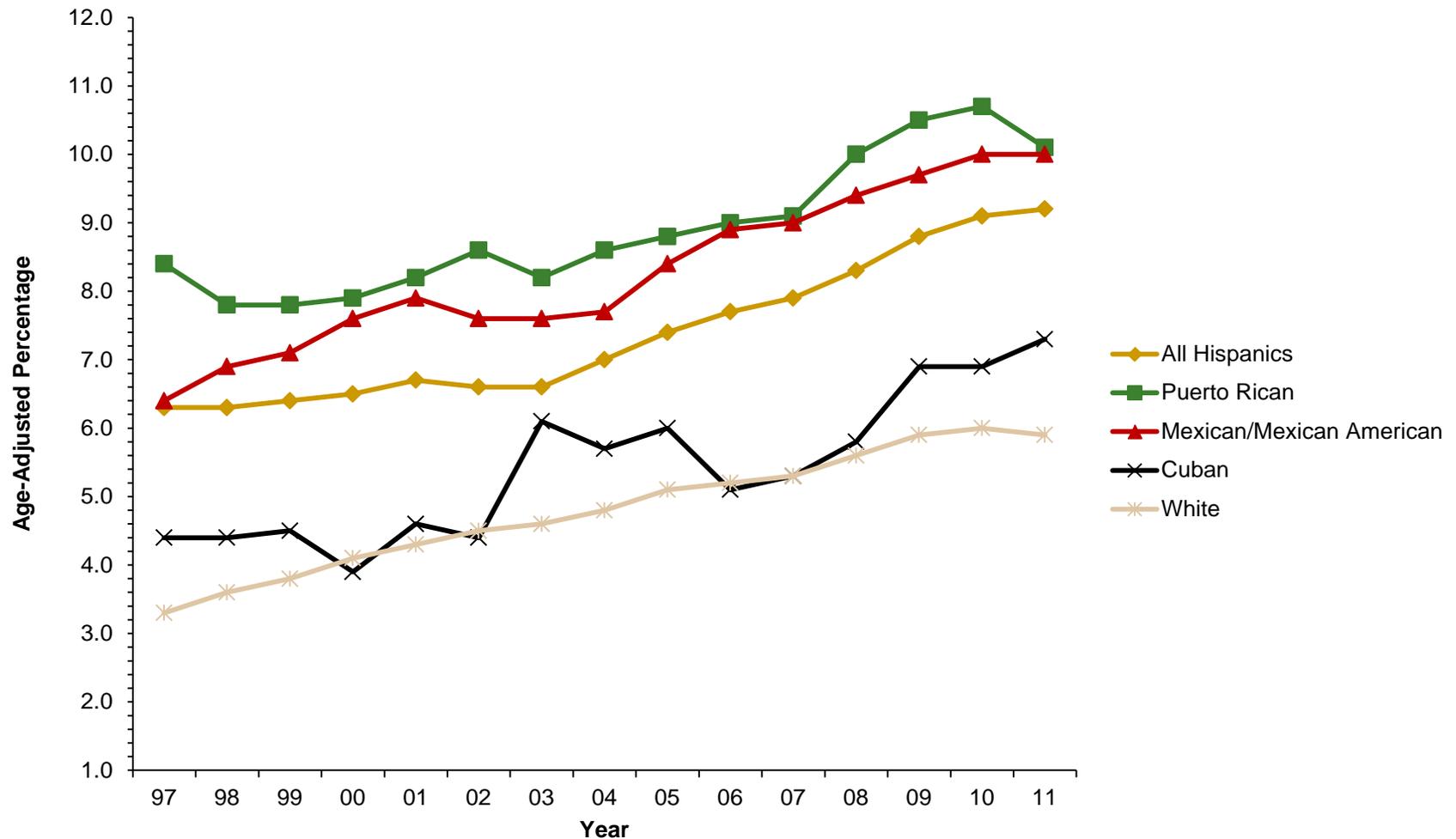


## Adult (Age 18+) Health Risk Conditions



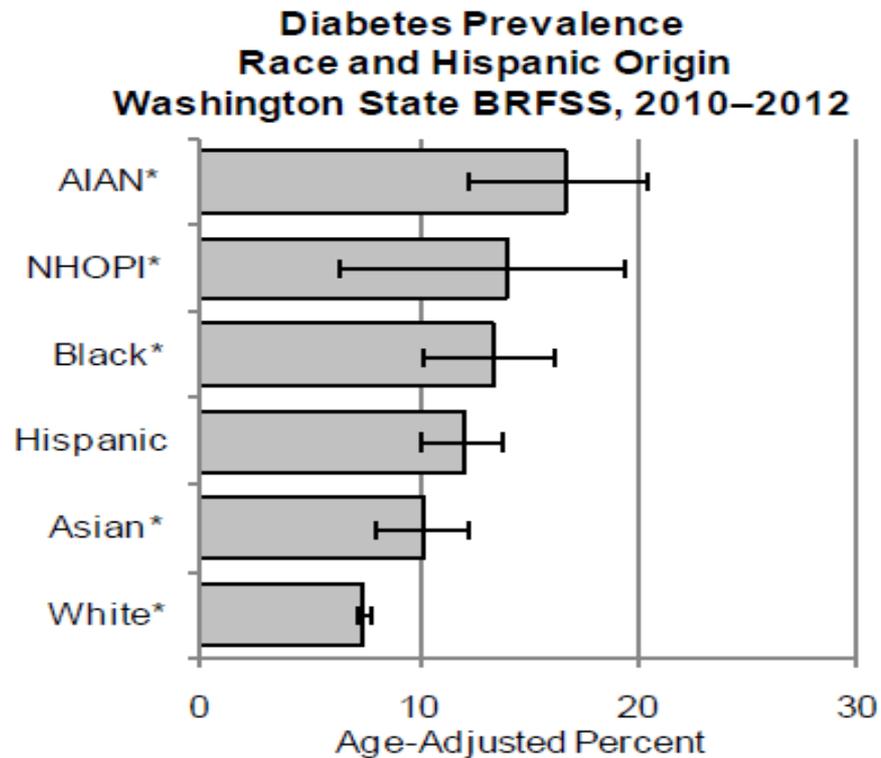
**Data Source:** Washington Behavioral Risk Factor Surveillance System 2011-2013

# Age-Adjusted Percentage of Civilian, Noninstitutionalized Population with Diagnosed Diabetes, Hispanics, United States, 1997–2011



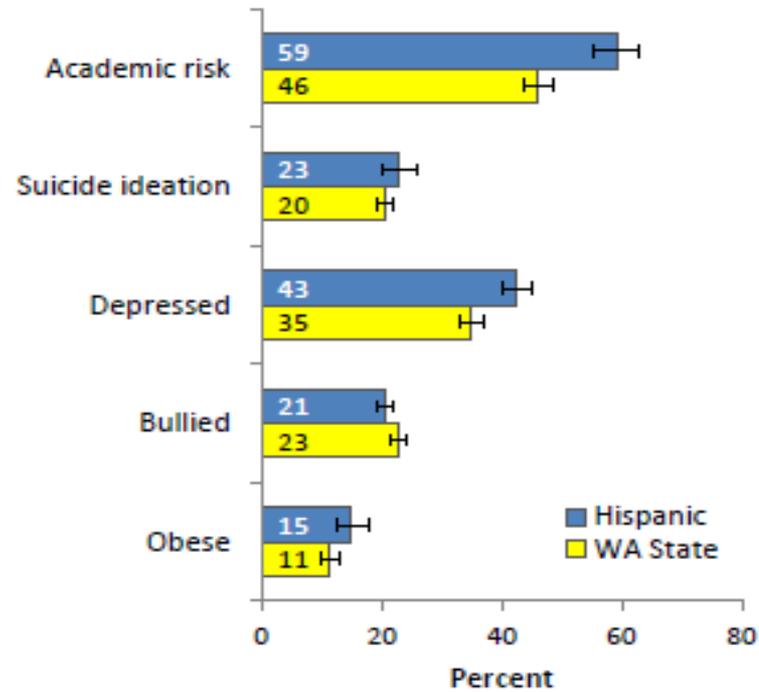
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Health Interview Statistics, data from the National Health Interview Survey. Statistical analysis by the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation.

# Diabetes Prevalence



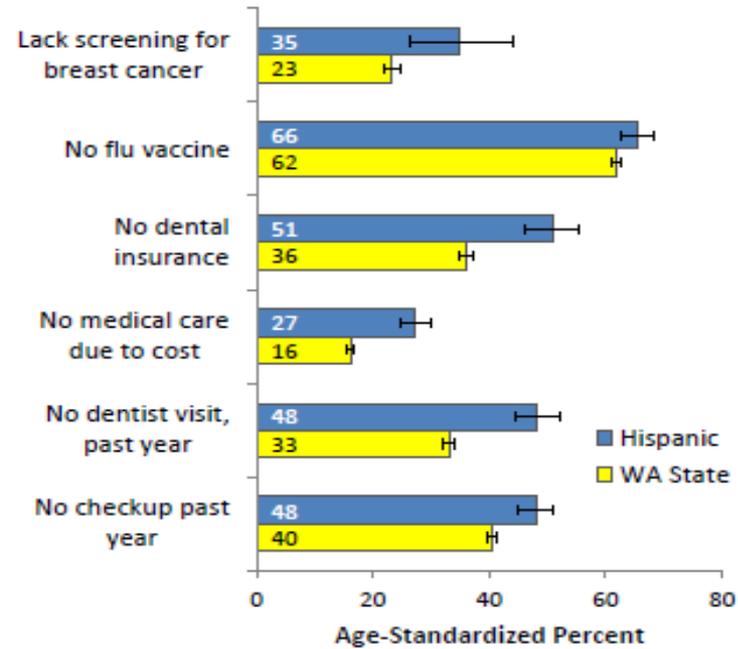


## Youth (10<sup>th</sup> grade) Health Risk Conditions





## Adult (Age 18+) Preventive Care

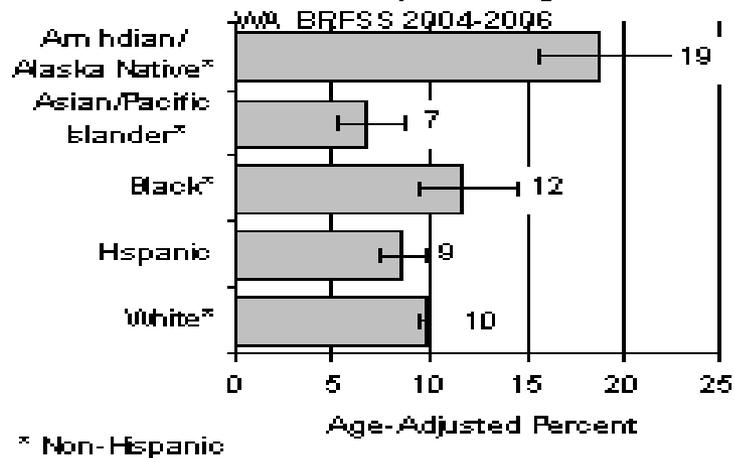


**Data Source:** Washington Behavioral Risk Factor Surveillance System 2011-2013

# Mental Health



Adults Reporting Poor Mental Health  
14 Days or More in Previous Month  
Race and Hispanic Origin



# Mental Health

FIGURE 1  
Washington State Latino Adolescent Health  
Depression Disparities Rate

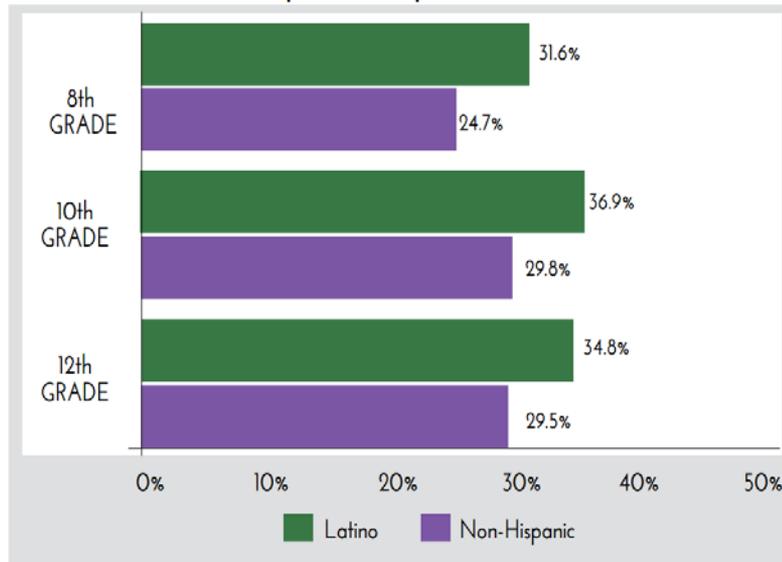
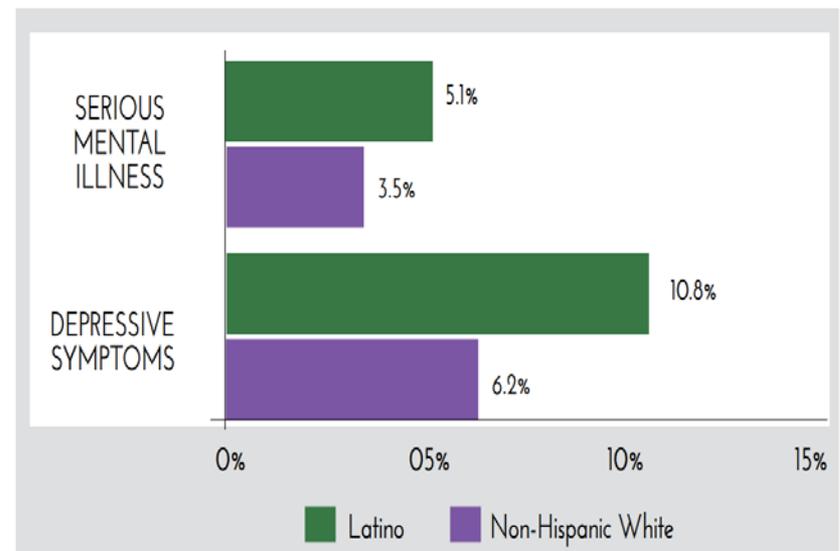
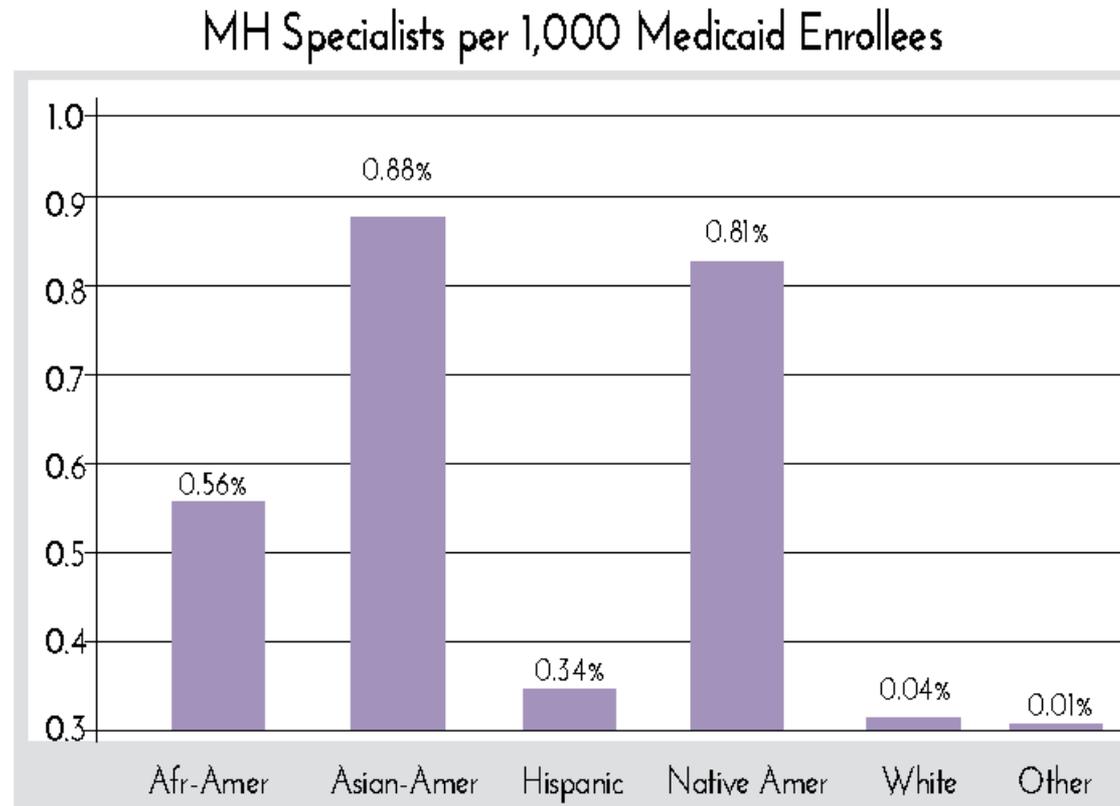


FIGURE 2  
Washington State Latino Adult Health Disparities Rate



Washington State Healthy Youth Survey 2012

# Mental Health Providers



# Environmental Toxins



- Concentrated Animal Feeding Operations (CAFOs)
  - 38% dairy cows located on 512 acres
  - Urine + fecal matter = ammonia (a hazardous pollutant)
- High levels of nitrates in the winter months
  - Nitrates + ammonia = oxides of nitrogen
- Water Quality
  - Elevated levels of nitrates in well water

# Occupational Health



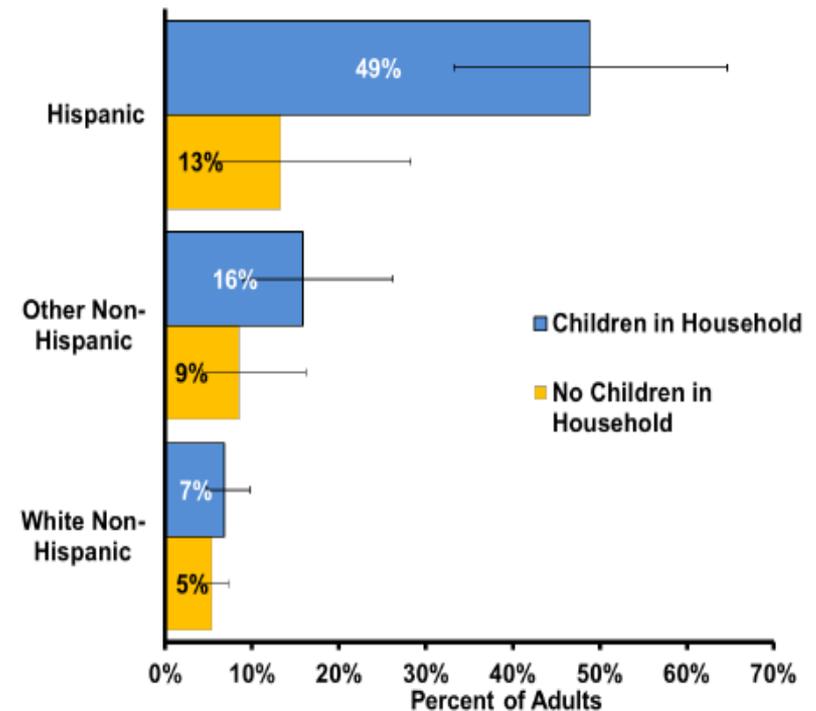
- Sexual Harassment
- Repetitive motion injuries
- Pesticide exposure
- Linguistically and culturally appropriate education is needed

# Food Insecurity



- Nationally, 24% of Latinos experience food insecurity compared to 11% whites
- 30% Latino children live in food insecure households

Percent of Adults Ages 18+ Who Report That Household Food Often or Sometimes Didn't Last By Children in Household and Race, King County, 2010



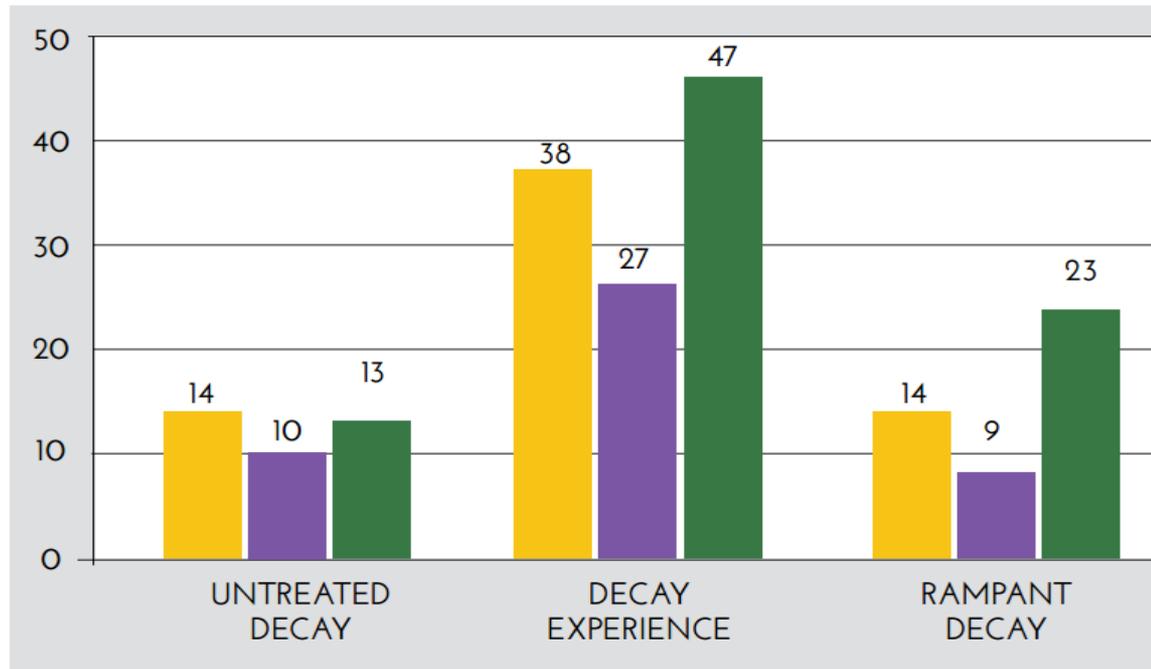
Data Source: Behavioral Risk Factor Surveillance System

COMMUNITIES COUNT, 1/2012

# Dental Health



Dental Disease Rates Among  
Low-Income Preschoolers by Race/Ethnicity



White African American Hispanic

Source: 2010 Smile Survey, WA Department of Health

# Expressed Concerns



- Lack of bilingual/bicultural behavioral health providers
  - Lack of children's mental health services especially in rural areas
  - How do organizations effectively reach out to and work with Latinos
  - How to have culturally appropriate conversations around stigmatized issues
-

# Expressed Concerns



- Inability to access services due to communication issues
  - Lack of available services in rural areas including linguistically appropriate services
  - Lack of providers who take medicaid
-

# Commission on Asian Pacific American Affairs

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COMMISSION HEALTH PRIORITIES

BRIEFING TO GOVERNOR'S INTERAGENCY COUNCIL  
ON HEALTH DISPARITIES

SEPTEMBER 9, 2015

# Overview of AAPIs

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- Communities of Color are the fastest growing populations in Washington
- Asian Americans are the fastest growing in Washington and nationally since 2010
- Asian Americans and Pacific Islanders (AAPIs) are comprised of more than 47 distinct ethnic groups
- AAPIs experience a wide range of access to healthcare and health disparities

# Population

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## Asian Americans

State	State Population	# Asian Americans
1. California	37,253,956.00	5,556,592
2. New York	19,378,102.00	1,579,494
3. Texas	25,145,561.00	1,110,666
4. New Jersey	8,791,894.00	795,163
5. Hawaii	1,360,301.00	780,968
6. Illinois	12,830,632.00	668,694
7. Washington	6,724,540.00	604,251

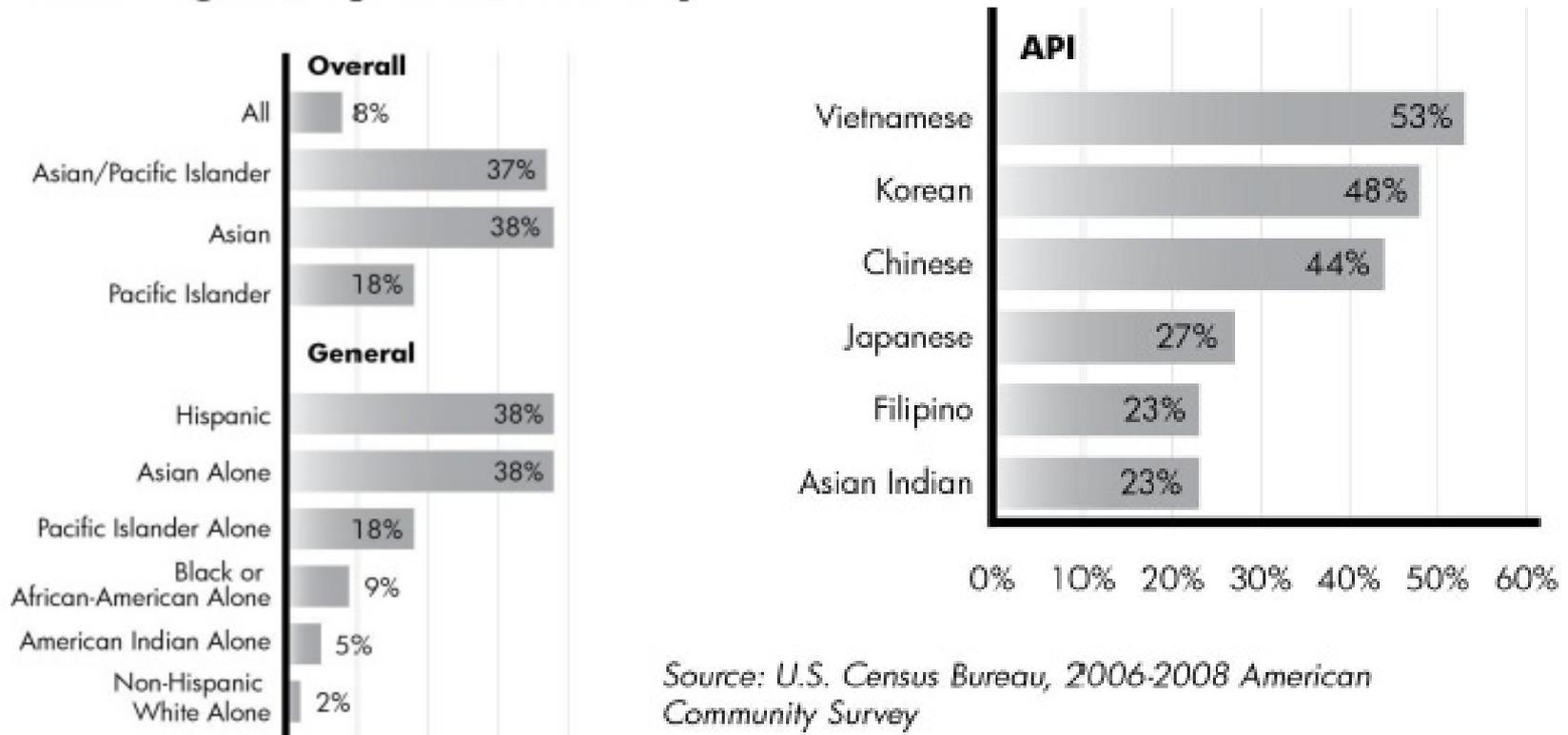
## Pacific Islanders

State	State Population	# NHPI
1. Hawaii	1,360,301.00	355,816
2. California	37,253,956.00	286,145
3. Washington	6,724,540.00	70,322

2006-2010 American Community Survey 5-Year Estimates

# More than 1/3 of Asian Americans identify as limited English proficient

## Limited English Proficiency in Washington, By Race/Ethnicity



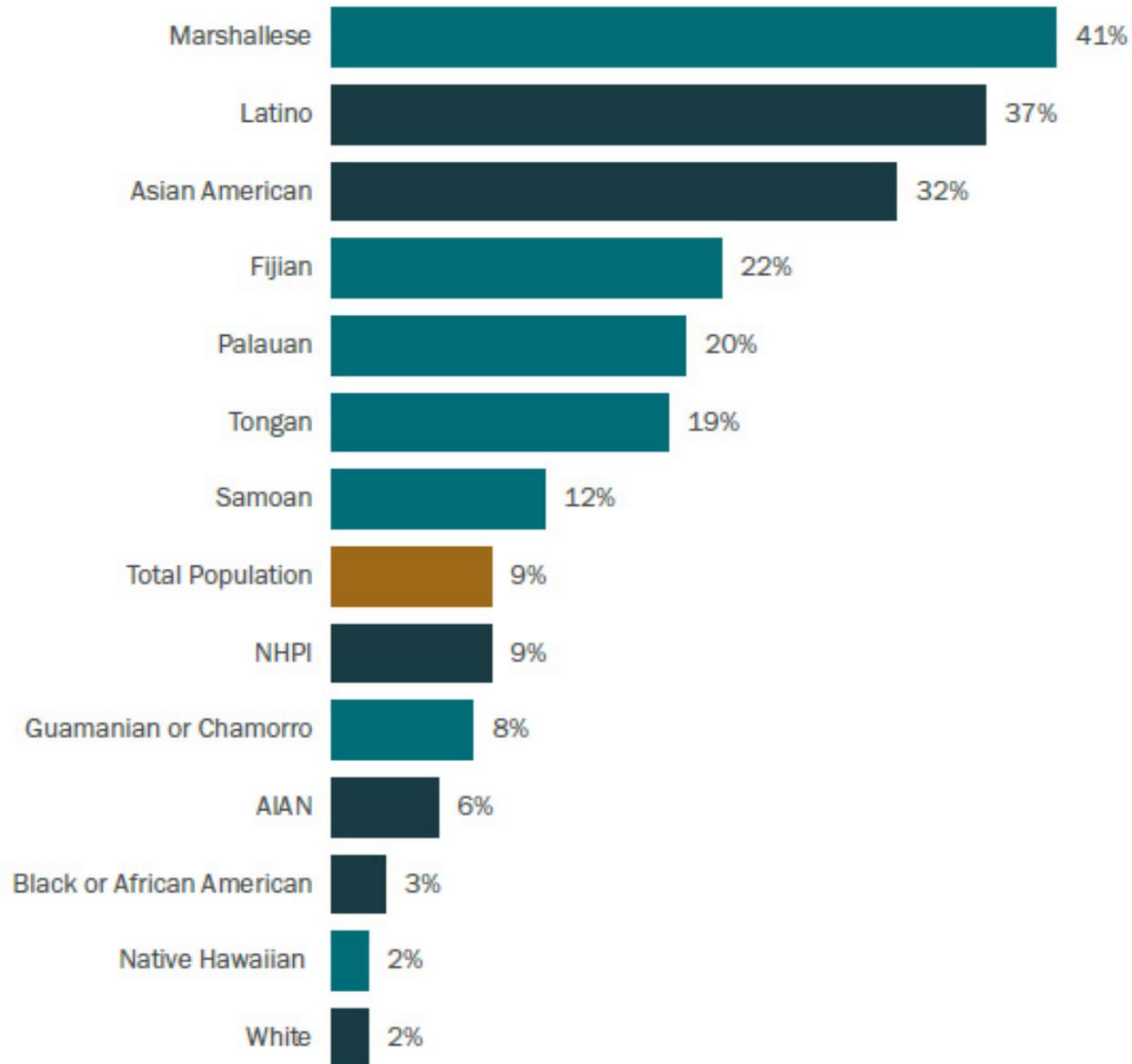
Source: U.S. Census Bureau, 2006-2008 American Community Survey

## Limited English Proficiency for the Population 5 Years & Older by Race, Hispanic Origin, and Ethnic Group, United States 2006–2010

18% of Pacific  
Islanders in  
WA are limited  
English  
proficient,  
9% nationwide

2006–2010 American  
Community Survey 5-Year  
Estimates

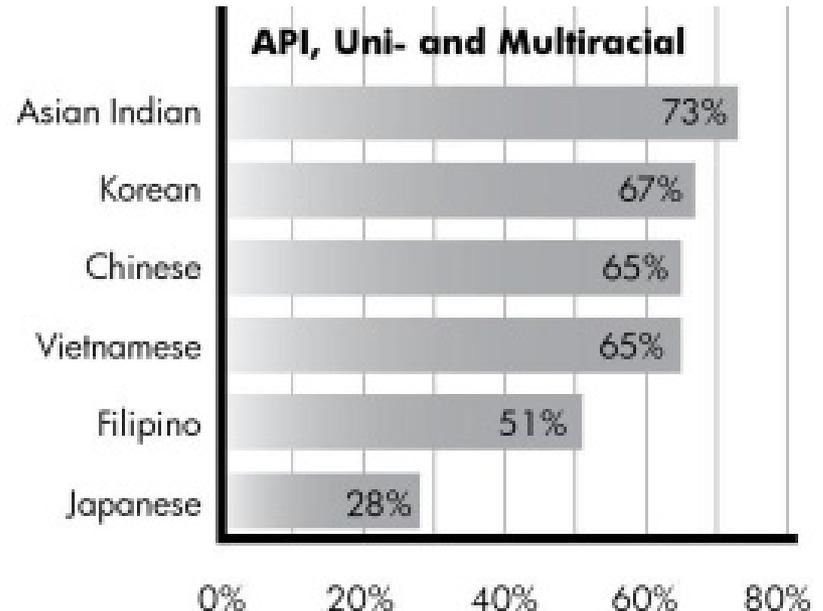
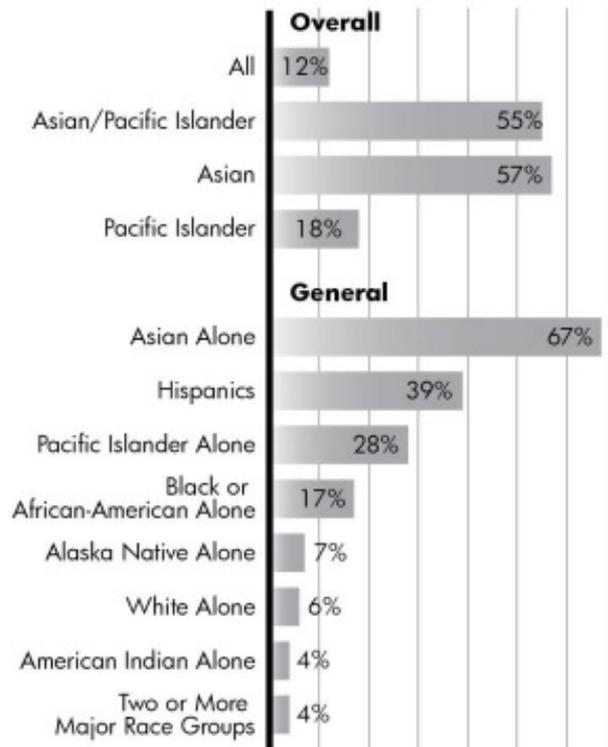
Graphic: Native Hawaiians  
& Pacific Islanders: A  
Community of Contrasts,  
Empowering Pacific  
Islander Communities  
(EPIC) 2014



# More than 2/3 of Asian Americans are born outside the U.S.

## Washington Foreign-Born, By Race/Ethnicity

Those who report being born outside of the United States.



Source: American Community Survey, PUMS data, 2006-2008

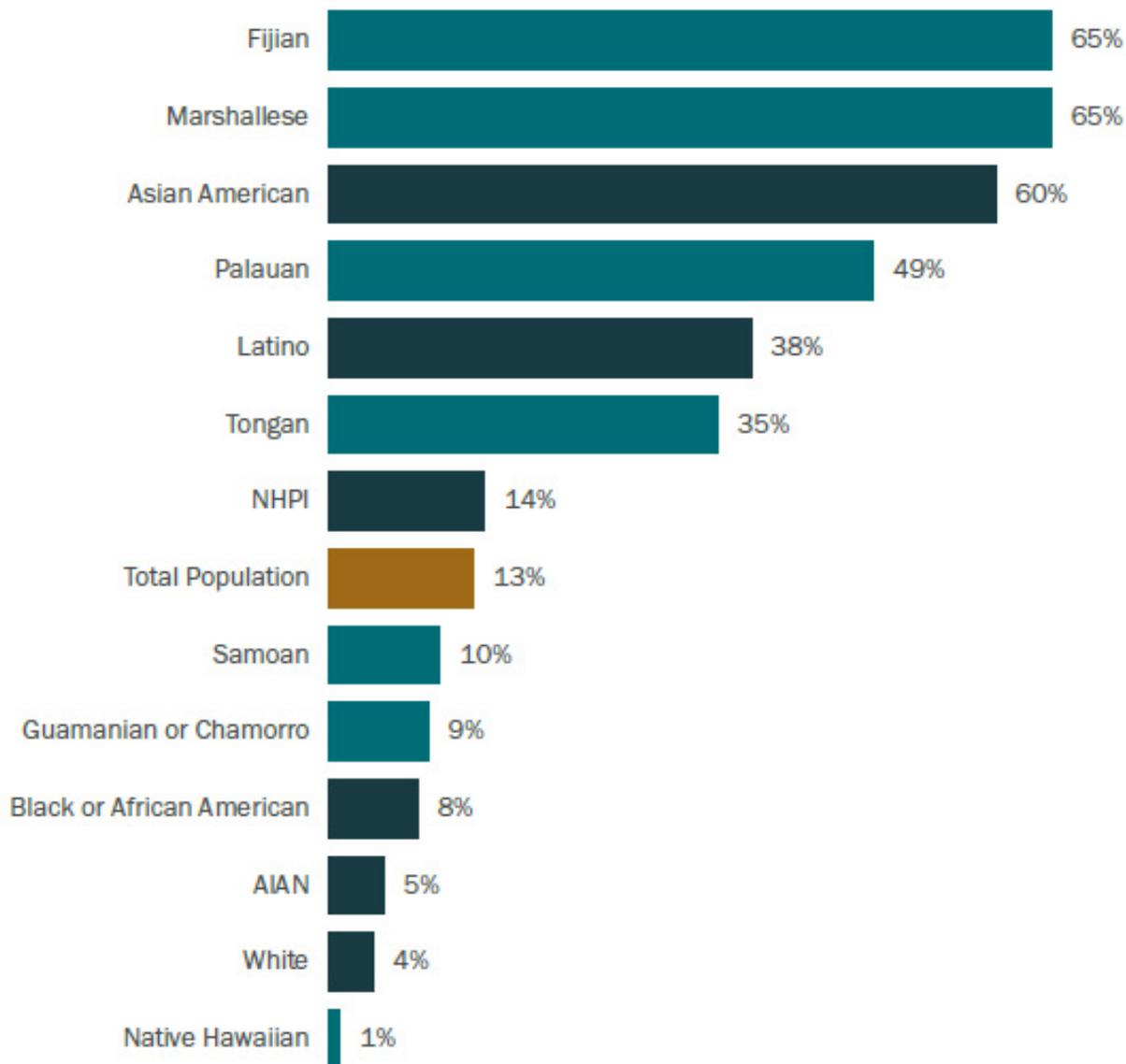
18% of Pacific Islanders in WA born outside U.S., 14% nationwide

2006–2010 American Community Survey 5-Year Estimates

Graphic: Native Hawaiians & Pacific Islanders: A Community of Contrasts, Empowering Pacific Islander Communities (EPIC) 2014

## Foreign-Born

by Race, Hispanic Origin, and Ethnic Group, United States 2006–2010



# CAPAA Strategic Goal

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Identify health disparity issues specific to the Asian Pacific American communities and support identification and promotion of solutions.

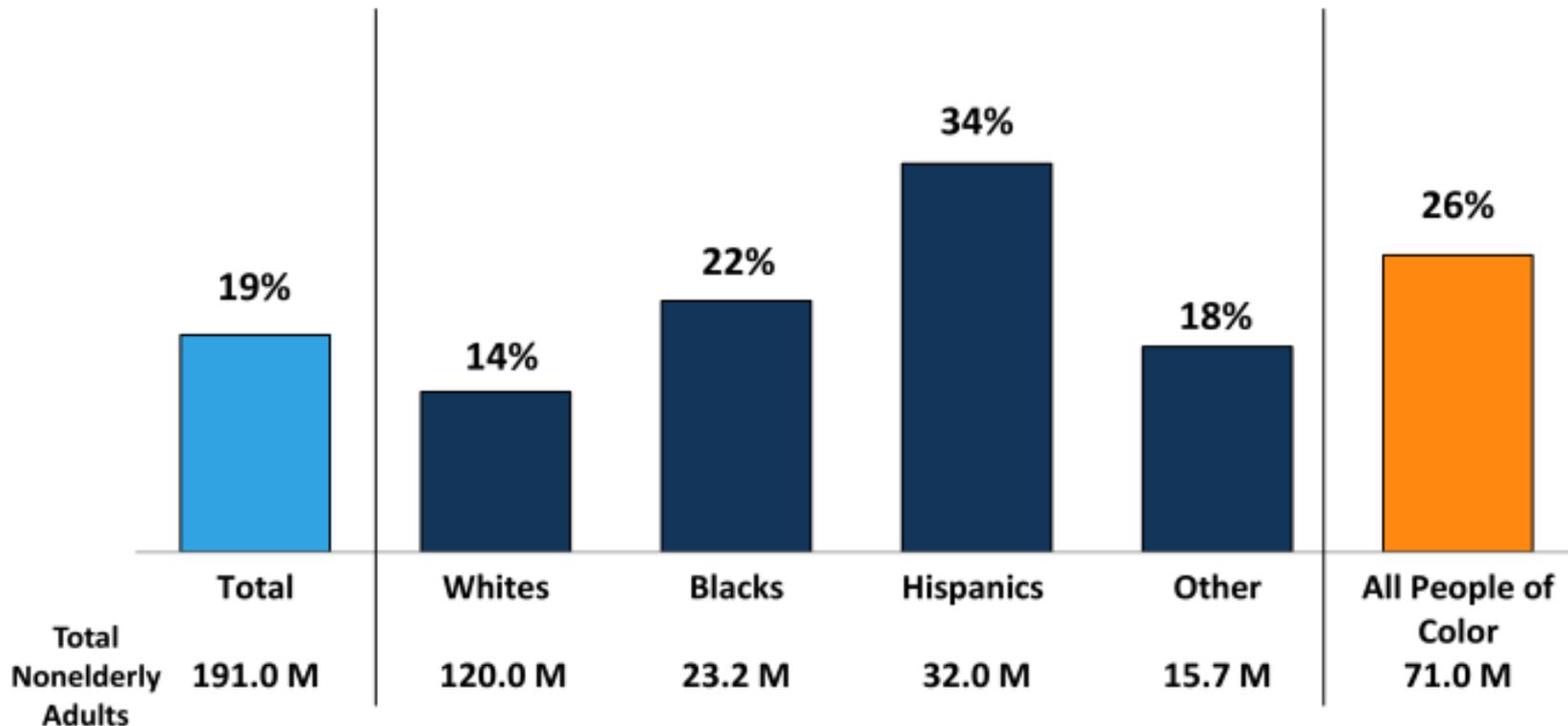
# Objective: Examine and Define Health Disparities

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- Data disaggregation efforts to better inform policymakers
- Healthy Youth Survey
  - Add ethnicity options
- Behavioral Risk Factor Surveillance System
  - Add Cambodian option
  - Language accessibility for respondents
- Ensure state agency analysis and reports include disaggregated data

Figure 3

## Percent of Nonelderly Adults who are Uninsured by Race/Ethnicity, 2013



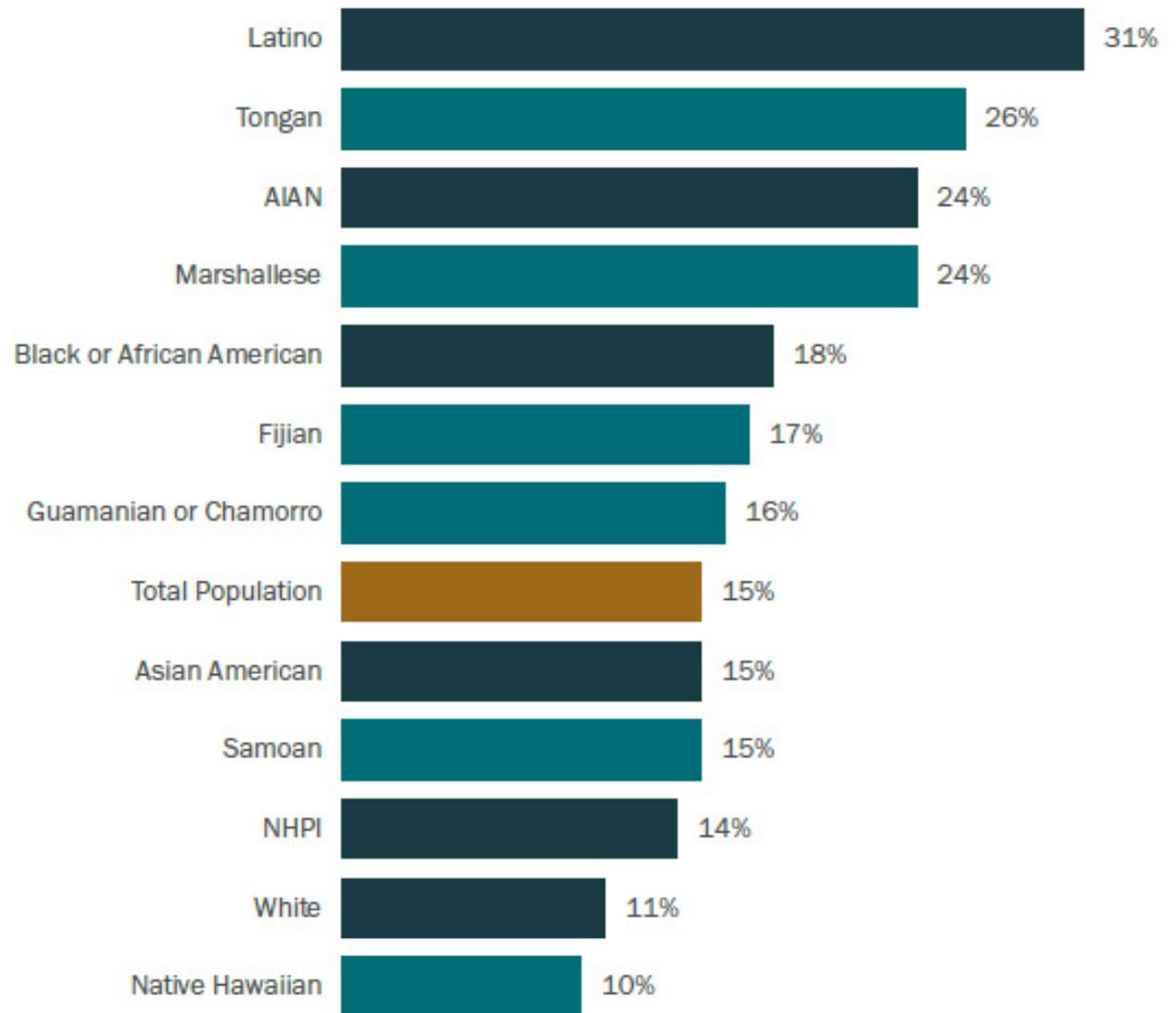
SOURCE: Kaiser Family Foundation analysis based on 2014 Current Population Survey data.

# Uninsured Pacific Islanders nationwide

Graphic: Native  
Hawaiians &  
Pacific Islanders:  
A Community of  
Contrasts,  
Empowering  
Pacific Islander  
Communities  
(EPIC) 2014

## Uninsured

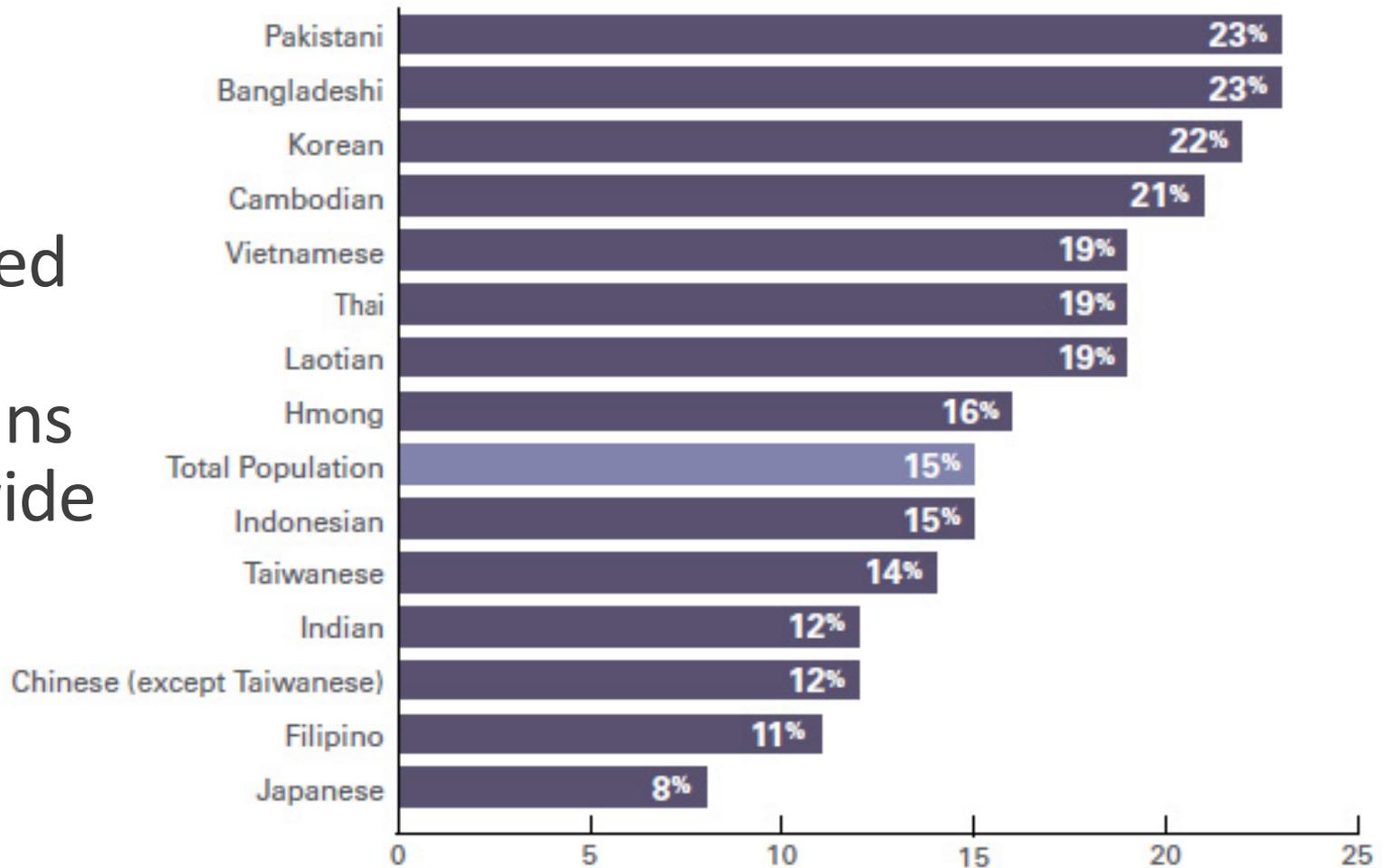
by Race, Hispanic Origin, and Ethnic Group, United States 2009–2011



U.S. Census Bureau, 2009–2011 American Community Survey 3-Year Estimates, Table S0201. Given significant diversity among ethnic groups, data on Asian Americans should only be used to illustrate differences or similarities between NHPI and Asian Americans. For data on Asian Americans, refer to *A Community of Contrasts: Asian Americans in the United States, 2011* at [advancingjustice.org](http://advancingjustice.org).

# Uninsured Asian Americans nationwide

**Percent Uninsured**  
by Ethnic Group, 2009



Source: U.S. Census Bureau, 2009 American Community Survey, 1-Year Estimates.

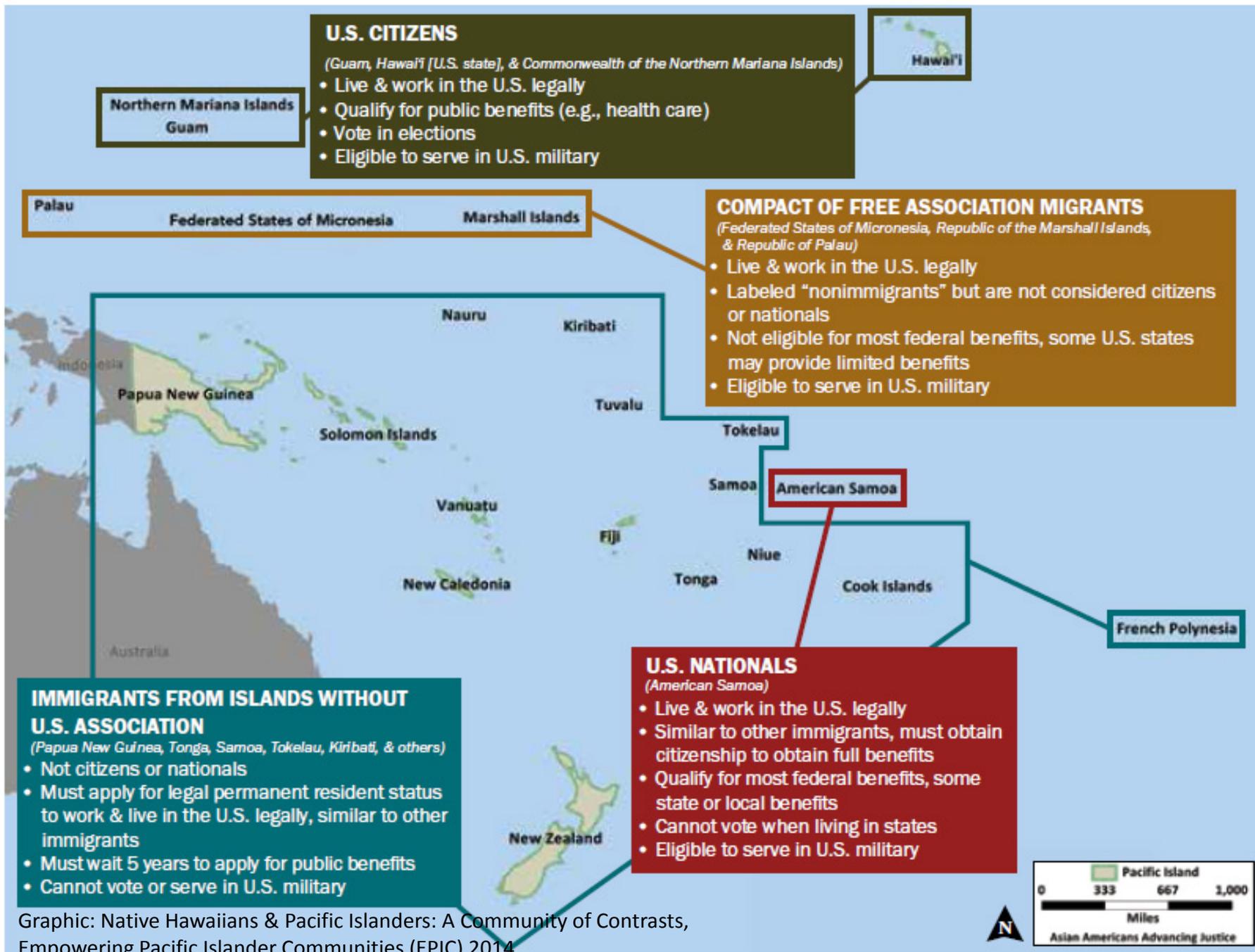
Graphic: A Community of Contrasts, Asian Americans in the United States: 2011

# Objective: Raise Awareness of Health Disparities

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- Mental Health Awareness
  - Proclamation and ethnic media
  - Future: Partner with state agencies
- Diabetes Epidemic
  - Focus groups
- Stomach Cancer
  - Upcoming summit on October 30 in Federal Way
- Hepatitis B Discrimination
  - Medical and dental schools, military service
- Substance Abuse
- Access to Health Care & Improve Health Literacy
  - Immigrant eligibility, other barriers

# U.S. Immigration Status by Pacific Island of Birth



Graphic: Native Hawaiians & Pacific Islanders: A Community of Contrasts, Empowering Pacific Islander Communities (EPIC) 2014

# Objective: Advocate for Policy Change and Targeted Strategies

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- Participate on Task Forces and Coalitions
  - Health Disparities Council, WA Healthy Youth Coalition, Pacific Islander Health Board, Strategic Prevention Enhancement Policy Consortium
- Administrative or Legislative Process
  - Culturally and linguistically appropriate educational materials and outreach
  - Expand health care access to uninsured & underinsured



**Department of Commerce**  
Innovation is in our nature.

# Homeless assistance and prevention in Washington State

January 2015

# Homeless Act of 2006: RCW 43.185C

- Created a dedicated funding source (recording fees; \$53 million/year)
  - 66% stays with county governments
  - 34% to Commerce
- Requires data driven local and state planning

“...By July 1, 2015, reduction of the homeless population statewide and in each county by fifty percent....”

# Outputs

- 83,000 people housed annually
- 658 projects
- ~74% non-profit, ~26% faith-based
- \$156 million spent annually (all sources)

# Homeless housing types

- **Short-term rent assistance** (typically less than six months) to move homeless people into housing, typically in a private for-profit rental.
- **Emergency shelters** (typically up to 90 days of housing in a shared space filled with bunk beds).
- **Transitional housing** (up to two years of housing and services, typically in a dedicated building).
- **Short-term rent assistance to prevent evictions** from rental units.
- **Permanent supportive housing** for chronically homeless people with severe and persistent disabilities, usually in a dedicated building.

# “Homeless”

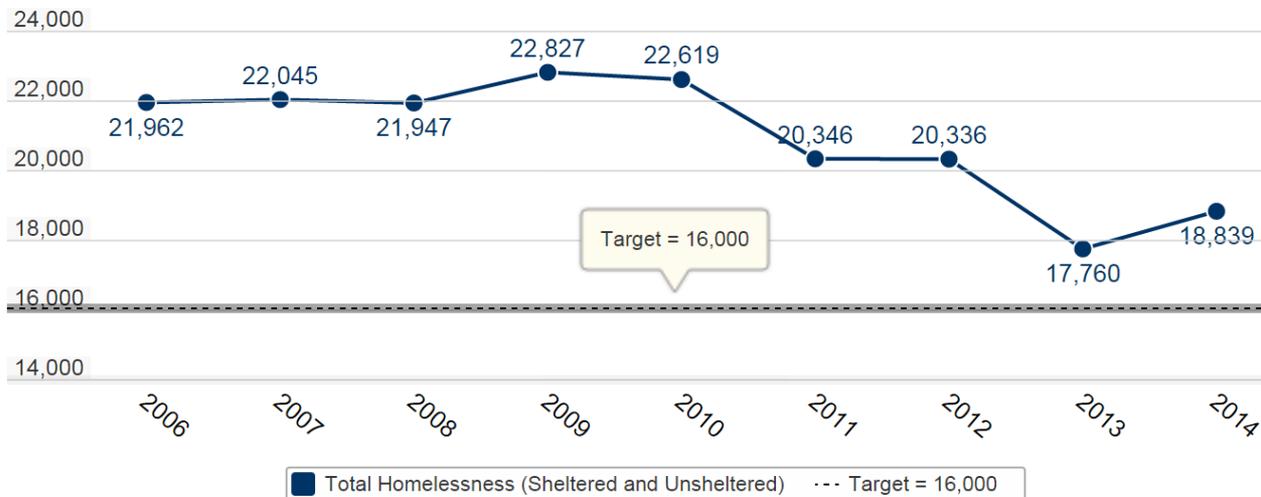
## RCW 43.185C:

"Homeless person" means an individual living outside or in a building not meant for human habitation or which they have no legal right to occupy, in an emergency shelter, or in a temporary housing program which may include a transitional and supportive housing program if habitation time limits exist.

## Federal Department of Education:

...adds doubled-up with family or friends for economic reasons

# Trends in counts of homeless people



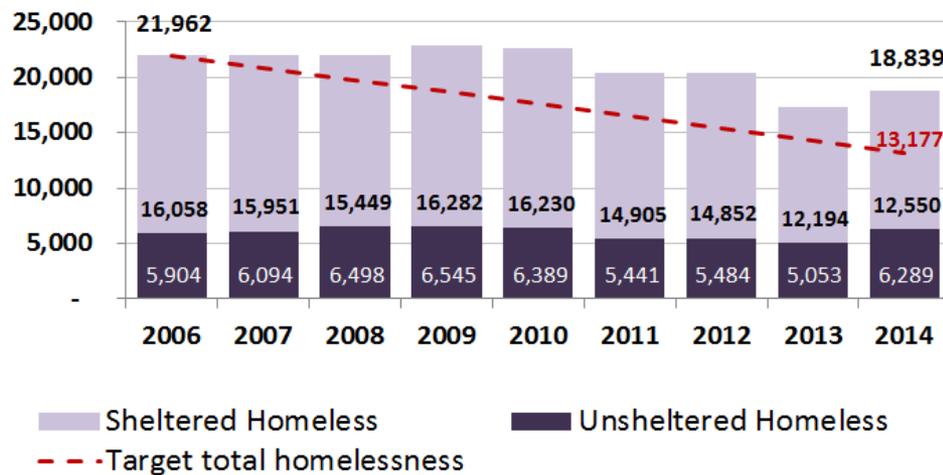
Count of people who are homeless ↓14%

January 2014 count:

- 18,839 TOTAL
- 6,289 unsheltered

Prevalence of unsheltered people in families with children ↓56%; from 1,690 to 840 people

13 counties have met the 50% reduction goal



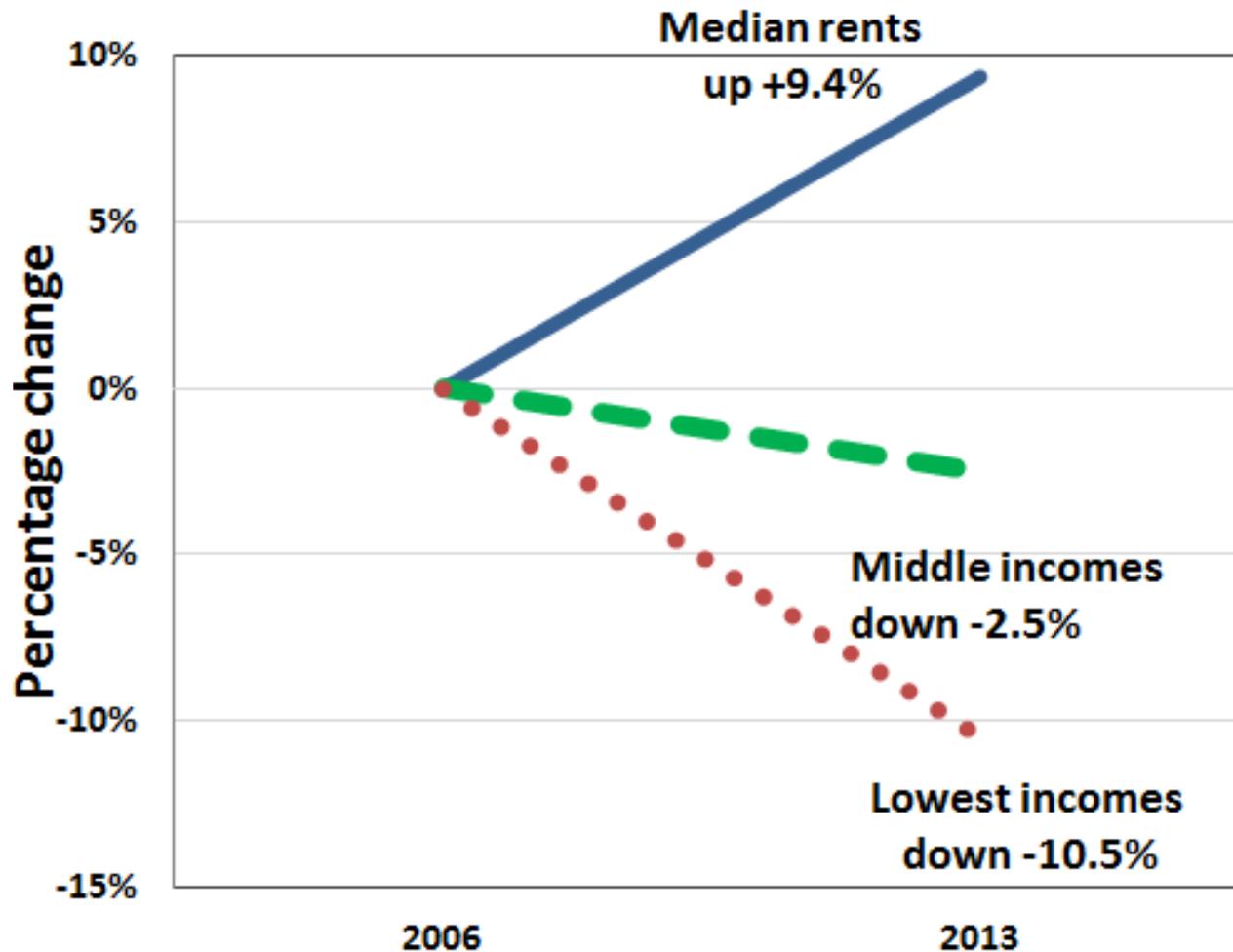
## Drivers of income/housing stability that are stable or moving in the right direction since 2006

- Increases in percentage of high school and college graduates, and increasing reading and math skills.
- Reductions in violent and property crime.
- Reductions in the rate and number of teen pregnancies and births to teenagers.
- Reduction in the divorce rate.
- Stable prevalence of alcohol and illicit drug dependence or abuse.
- Stable prevalence of domestic violence.
- Stable percentage of births outside of marriage
- Stable percent of children living in married-couple households

# Drivers of homelessness that are moving in wrong direction since 2006

- Median rent costs increasing 9 percent.
- Falling incomes for the all but the top 20 percent of households, with the largest decline (-10.5 percent) for the bottom 20 percent.

# Rents increasing/incomes declining



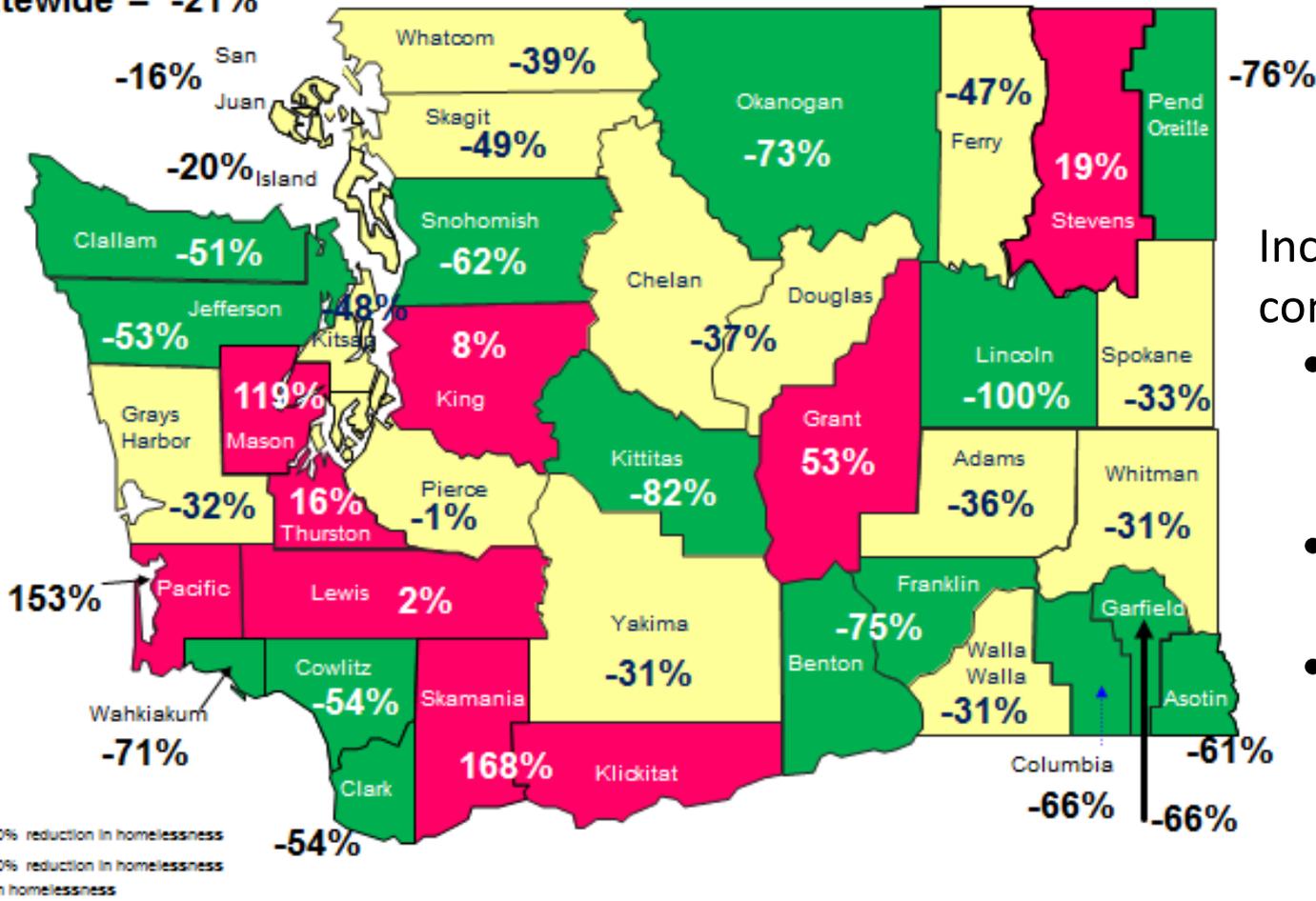
195,235 households with extremely low incomes and severe cost burdens...and likely growing

# Problem / Opportunity

*Inconsistent performance between counties*

:

Statewide = -21%



Inconsistent due to combination of:

- Different implementation of best practices
- Different local economies
- Potentially inaccurate point in time counts

# Why differences between counties?

## *I. County implementations of best practices*

1. Coordinated entry
2. Rapid re-housing
3. Use of transitional housing
4. Targeted/limited prevention

## *II. County economies*

1. Change in rent burdens
2. Affordability
3. Rental availability
4. In-migration
5. Income changes

# Current priorities include:

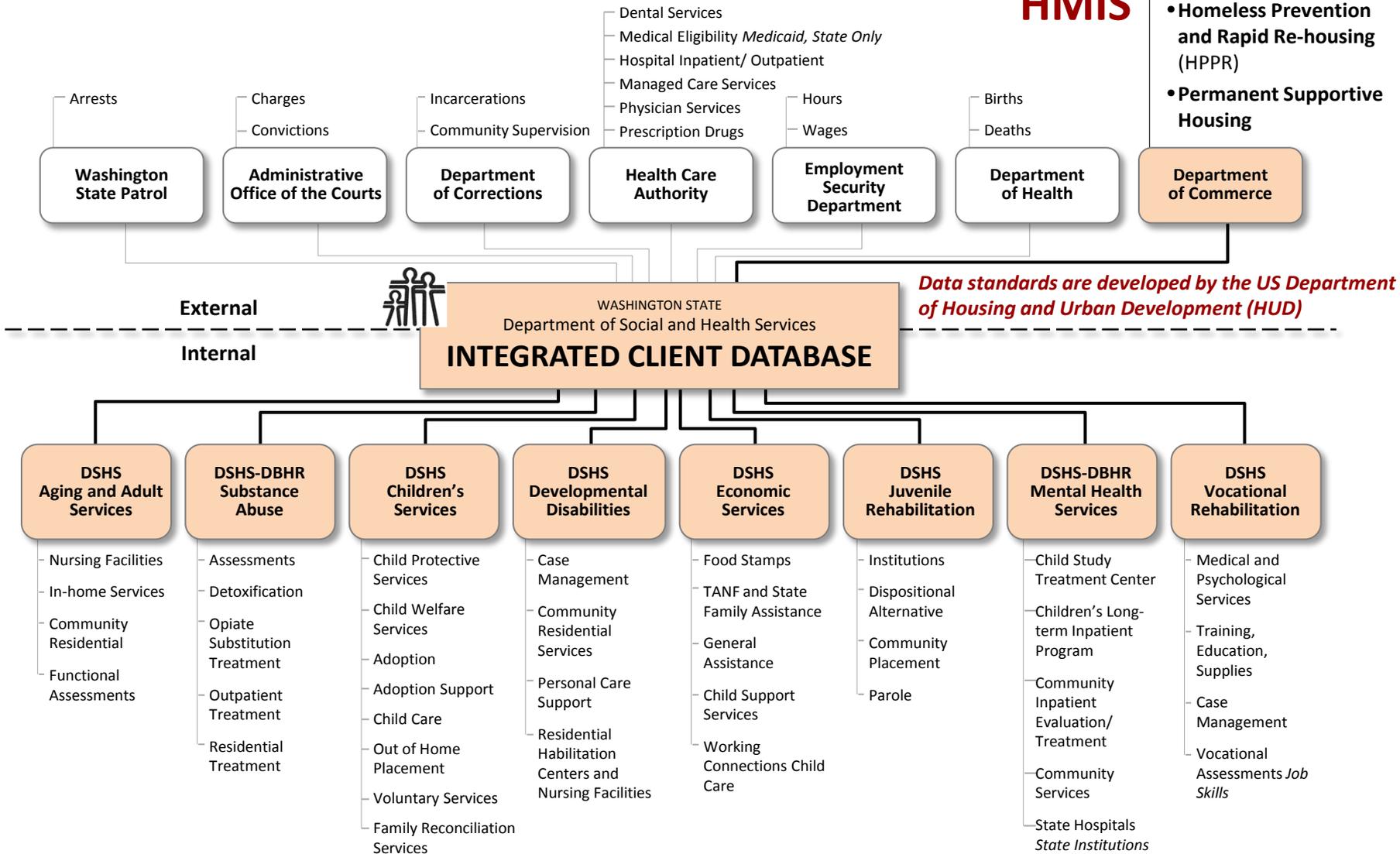
- Creating the Office of Homeless Youth Prevention and Protection Programs
- Prioritizing unsheltered vs. unstably housed
- Chronically homelessness veterans
- Homeless TANF families
- Coordinated entry
- Supplement to the Point in Time Count of homeless people
- Approval of Medicaid waiver to fund Supportive Housing services
- Promulgating “Functional Zero” concept
- Tighter cross-system and cross agency integration

# Data partnership

## Homeless Management Information System HMIS

### Housing Assistance

- Emergency Shelter
- Transitional Housing
- Homeless Prevention and Rapid Re-housing (HPPR)
- Permanent Supportive Housing



# Housing and Essential Needs successes

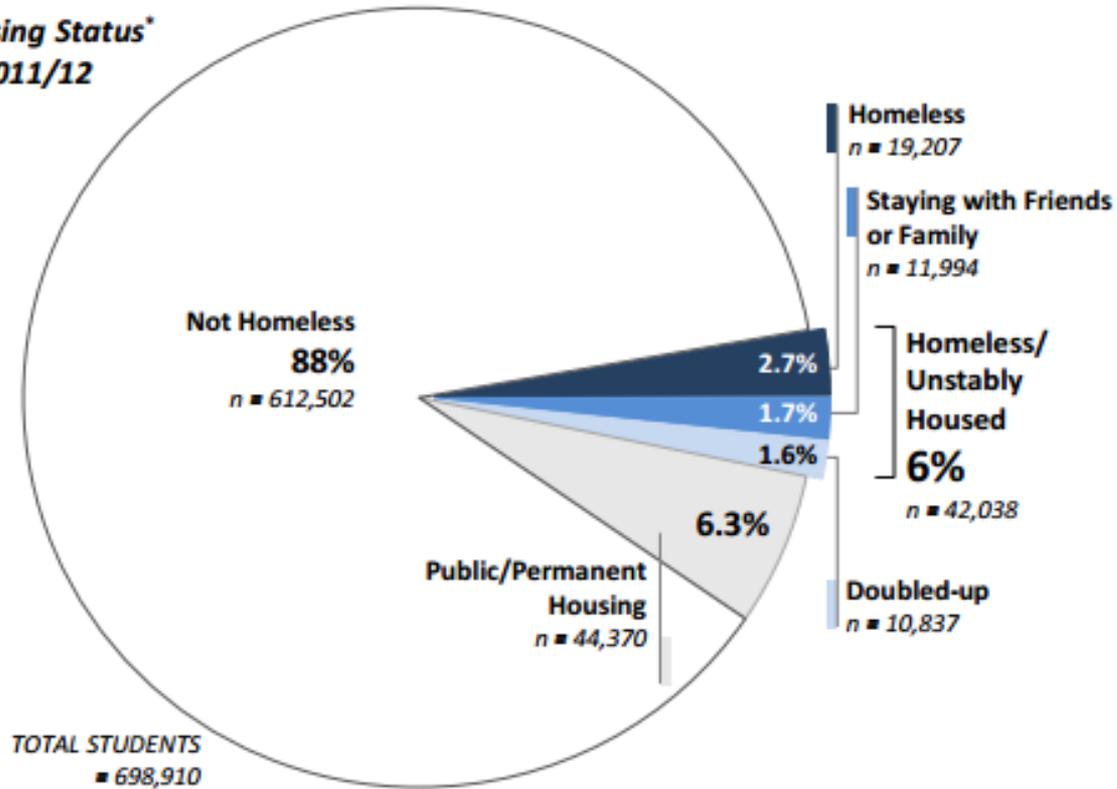
DSHS Research and Data Analysis report: Washington Housing and Essential Needs Program  
(2013)

Versus cash, Housing and Essential Needs:

- Reduces housing instability by 18 percent
- Reduces prison incarceration by 86 percent
- Keeps participants better connected to disability-related medical coverage

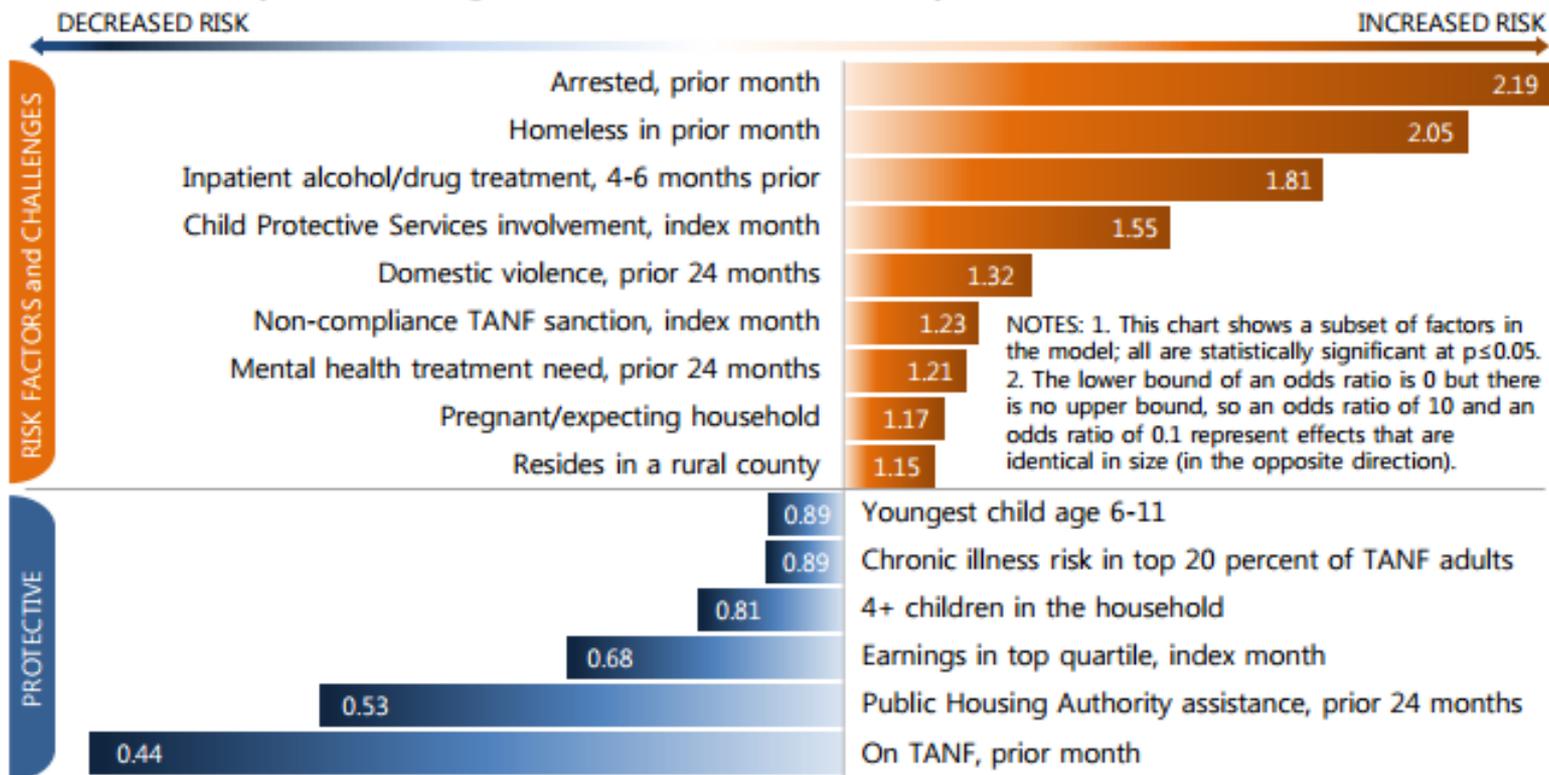
# School children who were homeless during the 2011-12 school

*Housing Status\**  
*AY 2011/12*



# Predicting homelessness among TANF families

## Odds of Experiencing a New Homeless Spell





# Department of Commerce

Innovation is in our nature.

For more information

Tedd Kelleher  
Housing Assistance  
(360) 725-2930  
[tedd.kelleher@commerce.wa.gov](mailto:tedd.kelleher@commerce.wa.gov)

## Message to YRCAA – August, 13, 2015

I am here to talk politics with respect to air pollution in Yakima County.

We know that agriculture contributes to air pollution. It would help if the agencies that are authorized to address problems in the Yakima Valley would tell us how much of local air pollution comes from each segment of agriculture. They have not done this so we are left with estimates from the literature.

There comes a time when the amount of pollution exceeds the ability of the environment to absorb it and compensate. For example, ammonia in the air acts as a fertilizer to plants. It is absorbed through their leaves. . . . up to a point. After that point it becomes toxic to the plants. After that point ammonia kills the plants. It would help if the agencies that are authorized to address air pollution problems in the Yakima Valley would provide an estimate of how much air pollution we can tolerate.

### Eutrophication

We know that air pollution contributes to eutrophication of the rivers and streams and that this worsens during periods of drought. We know that the Lower Yakima River is currently green with invasive plants that put this stretch of the river in the “impaired” category for pH and dissolved oxygen. (Wise et al, 2009). It would help to describe and clarify how ammonia in the air contributes to this situation. We all need this information in order to solve our collective problems.

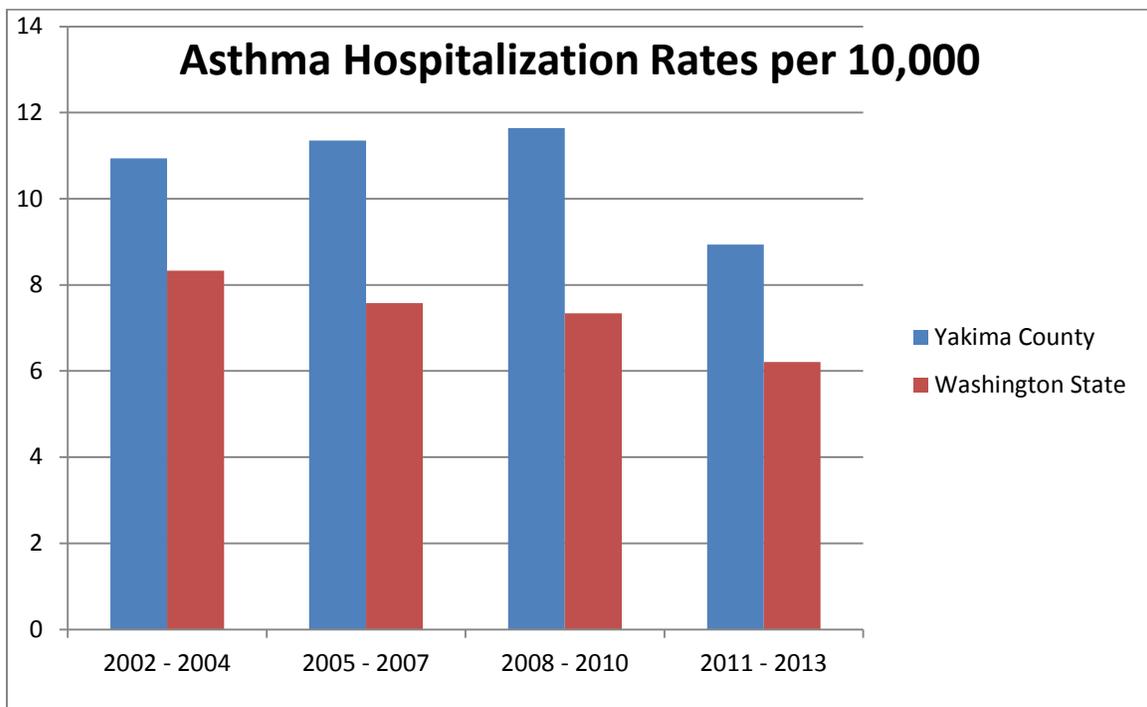


Courtesy of the U.S. Geological Service

## Cost Benefit

Air pollution related costs for some individuals and groups far exceeds any benefits they received from agriculture. We need to know who pays the price for pollution and how much.

- For example, how many fish die from eutrophication of the river? People are working hard to save the fish runs and, it appears, that others are sabotaging their efforts through careless pollution of the waters and the air.
- For example, Yakima County has the highest hospitalization rates for asthma of any large county in the state. (WA State Dept. of Health, n.d.). This happens in spite of the fact that demographically speaking we should have lower asthma rates. What is the cost to individuals, to families and to tax payers for this high rate of illness? In 2012 hospital charges for asthma admissions in Yakima County totaled \$3,907,609



Source: WA State Department of Health, Washington Tracking Network at <https://fortress.wa.gov/doh/wtn/WTNPortal/#!q0=370>

## Industry Argument against Regulation

Earlier this summer the Washington State Department of Ecology submitted a plan to address Non-Point Source Pollution in the state. This plan is required in order for Washington to receive certain federal monies. The Washington State Dairy Federation (WSDF) submitted a comment regarding Chapter 3 of that plan *Strategies for Addressing Non-Point Source Pollution*. (WA DOE, 2015, page 98)

Extreme regulations and costs will devastate the dairy industry in our state. Given that dairy is the most - regulated sector of agriculture, it stands to reason that even in the best - case scenarios is that dairy would be replaced with less – regulated agriculture. Often, when a farm of any kind goes out of business, the result is sprawl of large - lot estates with septic systems. Local governments also experience greater costs to serve and protect neighborhoods and homes in this kind of sprawl. (Emphasis added)

This last statement is disturbing, given that dairies have aggressively moved in on established communities and farms in Yakima County; given that dairies have driven many, many people from their homes. Is the WSDF saying that dairies are valuable because they drive people from rural homes into urban ghettos and it costs government less to service people when they live like this?

## Wood Stoves

There is an EPA document entitled *Reducing Air Pollution from Residential Wood Burning* that says “Just 20 old non-EPA-certified wood stoves can emit more than 1 ton of fine particles into your community during the cold months of the year.” This comes to 100 pounds of fine particulate per stove. That is a lot of smoke. We know that the Yakima Regional Clean Air Agency has done a heroic job of replacing old wood stoves with more efficient ones. But . . . are wood stoves really the leading cause of air pollution in the Yakima Valley?

According to Dr. L.E. Chase from Cornell University (2011) one milk cow produces about:

- 0.4 pounds per year of N<sub>2</sub>O
- 85 pounds per year of NH<sub>3</sub>
- 2,780 pounds per year of CH<sub>4</sub>
- 9,660 pounds per year of CO<sub>2</sub>

## Other Sources of Fine Particulates

**YAWNS:** Smoke from wood stoves is not the only source of particulate matter in the Yakima Valley. We know from the *Yakima Air Winter Nitrate Study (YAWNS) (WA DOE, 2014)* that a significant portion of fine particulate matter is in the form of  $\text{NH}_4\text{NO}_3$ . The YAWNS was mostly performed in the upper Yakima Valley which limits the analysis regarding agriculture. The authors of the YAWNS stated that there was more  $\text{NH}_3$  available than  $\text{NO}_3$  and that  $\text{NO}_3$  was the limiting factor. They stated that  $\text{NO}_3$  is primarily the product of vehicle emissions. Read on.

**Fertilizer Application:** The literature tells us that, in rural areas,  $\text{N}_2\text{O}$  and  $\text{NO}_x$  emissions from fertilizer application may be the dominating sources. (Sheppard et al, 1991; Bouwman et al, 2002). This is important for those of us who live in the lower valley. Traffic here is not heavy. If we are suffering from high levels of particulate matter, if the limiting factor is  $\text{NO}_x$ , and if the major source of  $\text{NO}_x$  is fertilizer application, then the solutions for the lower Yakima Valley are different from city solutions. The fact that some very large farms have over applied fertilizer and manures, up to nine times as much as the crops can utilize, suggests that this would be an easy target for addressing the problem. In the case of dairy operations nutrient management plans have failed to stop this over application.

**Dairy Research:** According to Dr. A.N. Hristov in the *Journal of Dairy Science* (2011, page 3135), if all  $\text{NO}_3$  and  $\text{SO}_4$  in the air react with  $\text{NH}_3$  to form fine particulates then about 19% of winter PM 2.5 in the northwest is due to animal agriculture. Remember, this is a regional assessment for the northwest as a whole. With more farming and less industry the percentage of PM 2.5 due to  $\text{NH}_3\text{NO}_3$  is much higher in our community.

## Local Solutions

There is a very appropriate emphasis on local involvement to develop local solutions. Environmentalist Jan Whitefoot has recently stated that no one is going to come and save us, that we must do this ourselves. On many levels the Yakima Regional Clean Air Agency speaks for the Yakima Valley. That is your job. It is also the County Commissioners' job. YRCAA has both the opportunity and obligation to tell the world that air pollution is harming both the people and the environment in the Yakima Valley. We ask YRCAA to do the following:

1. Analyze and describe how much air pollution comes from each major segment of agriculture in Yakima County
2. Analyze and describe the impact of wet and dry deposition of ammonia and ammonium on the land, vegetation, rivers and streams in Yakima County
3. Estimate the cost and benefits from PM 2.5 and ammonia with respect to public health, fisheries, recreation, tourism and the tax base in Yakima County
4. Seek funding for relevant research and mitigation programs
5. Correctly inform outside researchers and agencies about the unique characteristics of the Yakima Valley, for example:
  - a. The likelihood that NO<sub>x</sub> in the Lower Yakima Valley comes from fertilizing fields
  - b. The likelihood that air pollution contributes to eutrophication in the river
  - c. The likelihood that elevated hospitalization rates for asthma and myocardial infarction are related to high levels of fine particulate matter.
  - d. The importance of the people in the Yakima Valley who work very long and hard hours to harvest the crops that feed the state and the nation. We are more than units of production on Wall Street spreadsheets.
6. Discuss and analyze the ways that air pollution impacts all aspects of life in the Yakima Valley.
7. Read and consider the document *Hidden Cost of U.S. Agricultural Exports: Particulate Matter from Ammonia Emissions* by Harvard scientists Fabien Paulot and Daniel J. Jacob.
8. Inform decision makers that lung health is not addressed in the Yakima Valley in spite of the fact that we have the worst air quality in the state. Here are the facts:
  - a. The Yakima Health District does not address lung health.
  - b. The budget for the Yakima Health District is less than the budget deficit for the King County Health District
  - c. Our population over all has lower socio-economic status than most others in the state and is in need of more services, not less.
  - d. The Yakima Valley Farmworker's Clinic cares for a large part of the county population with asthma. In years past John Thayer and Griselda Arias-Pedraza led that program. Now Griselda is doing it alone.
  - d. The American Lung Association no longer maintains an office in Yakima

e. The WA State Department of Health Asthma program was reduced in size and scope over a year ago. In the past there was a project coordinator who did a wonderful job of sending out monthly information and setting up workshops. That no longer happens.

9. Impose appropriate regulations that control Yakima Valley air pollution. Voluntary measures do not work as evidenced by:
  - a. Large operations apply up to nine times more manure/fertilizer than the crops can take up
  - b. Farm experts currently promote composting as a way to mitigate water pollution. Composting increases the loss of reactive nitrogen to the atmosphere. WSDA estimates that about 50% of nitrogen in stored manure is lost to the atmosphere.
  - c. When citizens asked for simple moratorium on spreading manure/fertilizer during air inversions the Washington Dairy Commission resisted in a strong and successful manner that included mischaracterization of the literature and practices in the Yakima Valley.
  - d. There are programs underway that promote an increase in the number of dairy cows in the Lower Yakima Valley. Even if all operations are well managed, which they are not, this increase in the number of animals will increase the emission of ammonia and greenhouse gasses.

The environmental community has clearly demonstrated a willingness and eagerness to participate in air quality solutions. Please let us provide data, help with grant writing, inform the research, and help YRCAA to advocate on behalf of the people and the land. I can personally volunteer one full day a week of professional time to this project.

With all due respect, I ask the Yakima Regional Clean Air Agency Board of Directors to review this letter over the next month and provide an official response at your September meeting.

Sincerely,

*Jean Mendoza*

Jean Mendoza

Executive Director, Friends of Toppenish Creek

3142 Signal Peak Road

White Swan, WA 98952

cc:

Yakima County Commissioners

Yakama Nation

Indian Health Services

Yakima Health District

Yakima Valley Farmworkers Clinics

Legislators for the 13<sup>th</sup>, 14<sup>th</sup> and 15<sup>th</sup> Legislative Districts

U.S. Environmental Protection Agency

Washington State Department of Ecology

Washington State Department of Agriculture

Washington State Department of Health

Governor's Interagency Council on Health Disparities

Washington Conservation Commission

Washington Dairy Commission

Washington Dairy Federation

Washington Farm Bureau

Yakima Dairy Federation

Yakima Farm Bureau

Lower Yakima Valley Groundwater Management Area

Yakama Nation Review

Yakima Herald Republic

Sunnyside Daily Sun News

## References:

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Chase, L.E. (2011) How much gas do cows produce? *Progressive Dairyman – Manure Basics*. Retrieved from [http://www.progressivedairy.com/index.php?option=com\\_content&id=6491:how-much-gas-do-cows-produce&Itemid=121](http://www.progressivedairy.com/index.php?option=com_content&id=6491:how-much-gas-do-cows-produce&Itemid=121)

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**DATE:** September 9, 2015

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

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

**SUBJECT: UPDATE—PROMOTING EQUITY IN STATE GOVERNMENT**

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**Background and Summary:**

Statute requires that the Council “conduct public hearings, inquiries, studies, or other forms of information gathering to understand how the actions of state government ameliorate or contribute to health disparities” (RCW 43.20.275(2)). Over the years, the Council held forums to obtain input into what the state is doing well and how it can improve in efforts to reduce disparities. It has received briefings on state and local health equity and social justice efforts and tools. In addition, the Council adopted the state system as a specific priority and included recommendations to improve access to state services for people with limited English proficiency in our June 2014 Update.

More recently, through our partnership with the Governor's Healthiest Next Generation Initiative, the Council included guidance for state agencies, the Governor's Office, and the Legislature to promote equity in state government policy and program decisions in our June 2015 Update. The guidance focused on sample language that could be tailored and included in state policies, plans, programs, budgets, rules, grants, contracts, and requests for proposals to ensure state resources are used equitably.

While policy language plays an important role in promoting equity, achieving equity in state government requires a more comprehensive framework. During this agenda item, staff will provide an update on the Council's Promoting Equity in State Government project. Council members will have an opportunity to share input into the future direction of this work.

**Recommended Council Action:**

None at this time.



# Equity in State Government

Governor's Interagency Council on Health Disparities

September 9, 2015

# Overview

- ▶ Status of the Equity Guidelines
- ▶ Related work
- ▶ Next steps

# Equity Guidelines

Governor's Office

Healthiest Next Generation

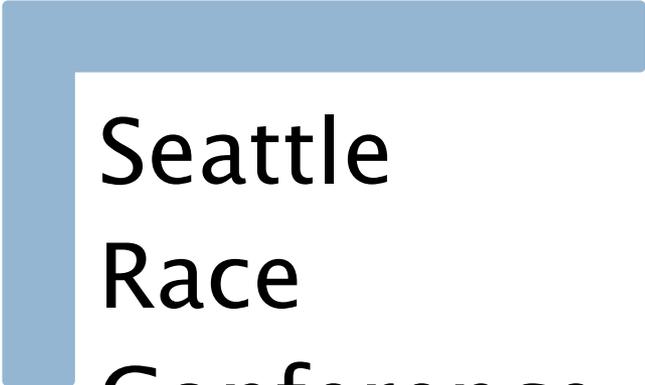
Guidance Materials

# Related Equity Work

Equity in  
Grant Process

Disaggregated  
Data

# Next Steps



Seattle  
Race  
Conference



Reconvene  
Council  
Workgroup

**Department of Health (DOH)**  
**Center for Public Affairs** (working title)

The Center for Public Affairs is an innovative approach to our foundational policy, communications and partnership work. It is a place, both real and virtual, where Department of Health staff and partners can engage to develop public health policy, explore new ways of communicating, find new partners and build new relationships.

Good policy can't be achieved without solid partnerships and positive relationships. We need to engage our partners early and often and work with them to come up with a shared agenda for the public's health. And we need to work with our stakeholders in new and different ways to try and reach common ground.

To be successful, we need to enhance our competencies in a variety of areas, ranging from our web content and social media presence to our ability to manage projects efficiently and effectively and demonstrate return on investment. We also need tools to measure our effectiveness and our results. We want to create a new and energizing environment where our staff has an opportunity to learn new skills and work on challenging projects. We need staff competent in change management, relationship building and team work, as well as communications. Each one will understand the impacts of health disparities so we can work together to improve health equity. Our goal is to have a 'soft launch' for the new Center in mid-October and launch our first high priority policy project in mid-November 2015. This new approach will give us even more opportunities to better serve our staff, partners and the people of our state.

The new **Diversity and Inclusion Council** will support diversity work across the agency. The council will report through the Office of Human Resources and include an executive team member, staff from divisions and offices across the agency and external representatives. The council will develop and support policies, systems and work activities that foster a diverse and inclusive work environment.