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## Preliminary Report: Governor's Interagency Coordinating Council on Health Disparities

**Legislative Auditor's Conclusion: The Council meets statutory administrative requirements. Progress on eliminating health disparities is unknown because reports do not track status of recommendations or trends in health disparities.**

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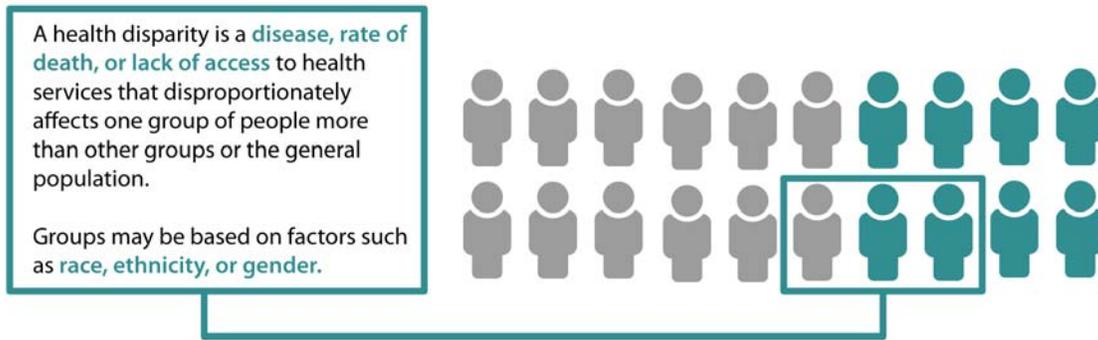
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## Results

The 2006 Legislature stated its intent “to strive to eliminate health disparities in people of color and between men and women” (2SSB 6197). Health disparities are differences between groups of people in the rate of certain diseases, deaths, or lack of access to health services. The Legislature expressed particular concern about health disparities for women and people of color in comparison to men and the general population.

The Legislature created the Governor's Interagency Coordinating Council on Health Disparities (Council) within the State Board of Health. The Council is designed to facilitate and report work done by other agencies to address health disparities. The full text of their statutory duties is in [RCW 43.20.275](#) (<http://apps.leg.wa.gov/RCW/default.aspx?cite=43.20.275>) and [43.20.280](#) (<http://apps.leg.wa.gov/RCW/default.aspx?cite=43.20.280>). The same legislation directed the Joint Legislative Audit and Review Committee (JLARC) to review the Council in 2016.

### Exhibit A: What is a health disparity?



Source: JLARC staff analysis of [RCW 43.20.025](http://apps.leg.wa.gov/rcw/default.aspx?cite=43.20.025) (<http://apps.leg.wa.gov/rcw/default.aspx?cite=43.20.025>).

The Council meets statutory administrative requirements. The Council's contributions to eliminating health disparities are unclear because the Council's reports do not clearly and consistently track the status of their recommendations nor discuss trends in specific health disparities.

- The Council meets administrative requirements regarding membership, activities, and timely reporting. For example, it facilitates communication among stakeholders and prioritizes diseases and conditions. The Council is an advisory and planning body that cannot compel agencies to act. Due to confusion over the word "biannual" in the law, the Council has submitted action plan updates twice each year since 2013. The legislative record indicates that the reports are only required once every two years.
- While the Council has submitted reports on time, the reports lack details that would allow the Governor and Legislature to know if the state has made progress on eliminating health disparities. For example, the reports do not provide information about trends in the incidence of the 16 health concerns listed in the original legislation. Further, the reports do not clearly and consistently track whether agencies implemented the Council's recommendations or the impact of those actions on health disparities.

## Recommendations

The Council could better comply with legislative intent by improving the information available about progress on Council recommendations and eliminating health disparities. The Legislative Auditor makes two recommendations regarding the content of Council reports:

1. The Council should submit action plan updates every two years with content that reflects the entire prioritized list of health disparities.
2. The Council should include the status of all recommendations and all diseases, conditions, and health indicators from the prioritized list in its progress reports.

You can find additional details in the **Recommendations** tab.

## Report Details

### Recommendations

#### The Legislative Auditor makes two recommendations regarding the content of Council reports

**The first recommendation addresses action plan updates.** It would reduce the frequency of the action plan updates and improve their content. The intended outcome is that Council recommendations and prioritized health disparities would be better communicated and tracked.

**The second recommendation addresses progress reports.** It would improve the content and organization of the progress reports. The intended outcome is to more clearly and consistently communicate the status of the Council recommendations and health disparities.

#### **Recommendation #1: The Council should submit action plan updates every two years with content that reflects the entire prioritized list of health disparities.**

The Council should revise its current action plan updates, providing them every two years rather than twice per year. The first report would be due in January 2018.

Updates should contain Council recommendations for actions to help eliminate the health disparities on the Council's prioritized list.

- The prioritized list should include all of the health diseases, conditions, and health indicators found in **RCW 43.20.280** (**<https://app.leg.wa.gov/rcw/default.aspx?cite=43.20.280>**) and those the Council has elected to add.

- Recommendations should be clearly labeled and numbered.
- Recommendations should include, at a minimum, responsible parties, measures to gauge progress on the recommendations, and timeframes in which the recommendations are to be implemented.

Legislation Required:	No
Fiscal Impact:	None
Implementation Date:	January 2018

**Recommendation #2: The Council should include the status of all recommendations and all diseases, conditions, and health indicators from the prioritized list in its progress reports.**

The Council submits progress reports every four years, in odd numbered years. This should continue.

Beginning in January 2021, progress reports should include the following:

- A section addressing the status of all recommendations made by the Council. It should include progress made on the recommendation since the previous progress report.
- A section addressing the status of the health diseases, conditions, and health indicators found in **RCW 43.20.280** (<https://app.leg.wa.gov/rcw/default.aspx?cite=43.20.280>) as well as those the Council has elected to add. The section should include discussion about the current prevalence rates and any changes in disparities since the previous progress report.

Legislation Required:	No
Fiscal Impact:	None
Implementation Date:	January 2021

**Exhibit B: Recommended reporting timeline for Council reports (2018 and beyond)**



Source: JLARC staff analysis of [RCW 43.20.280](https://app.leg.wa.gov/rcw/default.aspx?cite=43.20.280) (<https://app.leg.wa.gov/rcw/default.aspx?cite=43.20.280>)

Agency responses were not solicited for this report.

## More About the Study

### Audit Authority

The Joint Legislative Audit and Review Committee (JLARC) works to make state government operations more efficient and effective. The Committee is comprised of an equal number of House members and Senators, Democrats and Republicans.

JLARC's non-partisan staff auditors, under the direction of the Legislative Auditor, conduct performance audits, program evaluations, sunset reviews, and other analyses assigned by the Legislature and the Committee.

The statutory authority for JLARC, established in [Chapter 44.28 RCW](http://app.leg.wa.gov/rcw/default.aspx?cite=44.28) (<http://app.leg.wa.gov/rcw/default.aspx?cite=44.28>), requires the Legislative Auditor to ensure that JLARC studies are conducted in accordance with Generally Accepted Government Auditing Standards, as applicable to the scope of the audit. This study was conducted in accordance with those applicable standards. Those standards require auditors to plan and perform audits to obtain sufficient, appropriate evidence to provide a reasonable basis for findings and conclusions based on the audit objectives. The evidence obtained for this JLARC report provides a reasonable basis for the enclosed findings and conclusions, and any exceptions to the application of audit standards have been explicitly disclosed in the body of this report.

### Scope & Objectives

## Why a JLARC Review of the Governor's Interagency Council on Health Disparities?

In 2005, the Legislature's Joint Select Committee on Health Disparities issued a report that identified health disparities for certain conditions and diseases, highlighted social determinants, and called for the creation of an interagency coordinating council.

In 2006, the Legislature created the Governor's Interagency Council on Health Disparities (SSB 6197). The legislation identified the work to be done by the Council and directed the Joint Legislative Audit and Review Committee (JLARC) to review the Council and its functions.

## What are Health Disparities?

Health disparities refer to differences between population groups in the rate of certain diseases, rate of deaths from those diseases, or lack of access to health services. These groups may be based on factors such as race, ethnicity, or gender. Studies have shown that social determinants such as education and employment are associated with health disparities.

In stating its intent, the Legislature expressed particular concern regarding health disparities for women and people of color in comparison to men and the general population.

## Council Membership and Responsibilities

The 17-member Council is housed at the State Board of Health, which provides staff and funding. Council members represent state agencies and commissions, as well as the public. The Council must reflect diversity in race, ethnicity, and gender.

The Legislature directed the Council to perform the following work:

- Promote and facilitate communication, coordination, and collaboration among relevant state agencies and other private or public stakeholders to address health disparities;
- Gather information to understand how the actions of state government improve or contribute to health disparities;
- Assess and recommend initiatives for improving availability of culturally appropriate health literature and interpretive services at public and private health-related agencies;

- Create and regularly update an action plan and statewide policy to address factors that lead to health disparities;
- Establish advisory committees that reflect diversity in race, ethnicity, and gender; and
- Provide regular progress reports to the Governor and Legislature.

## Study Scope

JLARC staff will review and report on the operations and progress of the Governor's Interagency Council on Health Disparities. As directed in law, the review will use a process substantially the same as a sunset review (RCW 43.131.071 (<http://apps.leg.wa.gov/rcw/default.aspx?cite=43.131.071>)). However, since the statute does not include a termination clause, the JLARC staff report will not evaluate if the Council should be terminated.

## Study Objectives

JLARC staff will address the following objectives:

1. To what extent has the Council complied with legislative intent, including requirements for diverse membership, culturally appropriate health literature, timely reporting, and action plan development?
2. To what extent does the Council provide for efficient and economical operations?
3. To what extent have the Council's actions achieved expected performance goals and targets?
4. To what extent does the Council duplicate the activities of another agency or the private sector?

## Timeframe for the Study

Staff will present the preliminary report at the JLARC meeting in December 2016. The final report will be presented at the JLARC meeting in January 2017.

## Study methodology

The methodology JLARC staff use when conducting analyses is tailored to the scope of each study, but generally includes the following:

- **Interviews** with stakeholders, agency representatives, and other relevant organizations or individuals.
- **Site visits** to entities that are under review.
- **Document reviews**, including applicable laws and regulations, agency policies and procedures pertaining to study objectives, and published reports, audits or studies on relevant topics.
- **Data analysis**, which may include data collected by agencies and/or data compiled by JLARC staff. Data collection sometimes involves surveys or focus groups.
- **Consultation with experts** when warranted. JLARC staff consult with technical experts when necessary to plan our work, to obtain specialized analysis from experts in the field, and to verify results.

The methods used in this study were conducted in accordance with Generally Accepted Government Auditing Standards.

More details about specific methods related to individual study objectives are described in the body of the report under the report details tab or in technical appendices.

## Contact

### Authors of this Study

**[John Bowden \(mailto:john.bowden@leg.wa.gov\)](mailto:john.bowden@leg.wa.gov)**, Research Analyst,  
360-786-5298

**[Eric Whitaker \(mailto:eric.whitaker@leg.wa.gov\)](mailto:eric.whitaker@leg.wa.gov)**, Research Analyst,  
360-786-5618

**[Valerie Whitener \(mailto:valerie.whitener@leg.wa.gov\)](mailto:valerie.whitener@leg.wa.gov)**, Audit  
Coordinator

**[Keenan Konopaski \(mailto:keenan.konopaski@leg.wa.gov\)](mailto:keenan.konopaski@leg.wa.gov)**,  
Legislative Auditor

### Joint Legislative Audit and Review Committee

Eastside Plaza Building #4, 2nd Floor

1300 Quince Street SE

PO Box 40910

Olympia, WA 98504-0910

Phone: 360-786-5171

FAX: 360-786-5180

Email: [JLARC@leg.wa.gov](mailto:JLARC@leg.wa.gov) (<mailto:jlarc@leg.wa.gov>)

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