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Hosted by the Governor's Interagency Council on Health Disparities

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The Governor's Interagency Council on Health Disparities (the Council) would like to acknowledge and thank all of those who attended and shared their valuable stories, input, and suggestions at the Health Equities Community Forum:

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The members of the Council would also like to sincerely thank the management and staff of The Evergreen State College/Tacoma Campus for hosting the forum, especially Dr. Artee Young, Bernadette Blakeney, and Jay Cortez.

Council members in attendance at the forum:

- Vickie Ybarra, Chair
- Emma Medicine White Crow, Vice Chair
- Winona Hollins-Hauge
- Gwendolyn M. Shepherd
- Felecia Waddleton-Willis
- Millie Piazza

The Council extended invitations to the forum through electronic distribution contact lists for the Council and the Washington State Board of Health. Personal invitations were also mailed to approximately 100 Pierce County residents and community-based health and minority services organizations, including the Tacoma-Pierce County Health Department, Pierce County Council, the Tacoma City Council, law enforcement officials, and Washington State legislators who represent Pierce County. Invitations were provided in English and in Spanish.

INTRODUCTION

The Governor's Interagency Council on Health Disparities (the Council) held a community forum on May 28, 2008 at the Tacoma Campus of The Evergreen State College in Tacoma, Washington. The Council, in creating a state action plan for eliminating health disparities, wanted to inform community members about current activities. They also wanted to gather information from participants to help guide them in their future activities.

COMMUNITY FORUM PROCEEDINGS

Welcome from the Council

Council Chair, Vickie Ybarra, welcomed forum participants. Representatives were recognized from:

- Private non-profits
- Government agencies
- Pierce County
- Tribal communities
- Grassroots organizations
- Other organizations
- Individuals
- Eastern Washington
- Western Washington

Welcome from the Honorable Senator Rosa Franklin, Senate President Pro Tempore

Senator Franklin, a registered nurse with more than 40 years of health care experience, serves as the Vice-Chair of the Washington State Senate's Health and Long-Term Care Committee. The Senator reviewed the community needs/issues that led to the creation of the Joint Select Committee on Health Disparities. One recommendation from the Committee was the creation of the Governor's Interagency Council on Health Disparities.

(See the committee's final report:

<http://www1.leg.wa.gov/documents/joint/jshd/2005nov.pdf>).



Update on Tacoma-Pierce County Health Equity Summit



Amy Bates, a prevention specialist focusing on health equity issues from the Tacoma-Pierce County Health Department, offered appreciation to the Council and Senator Franklin for their support of health equity work in Pierce County. She provided a demographic snapshot of the diversity of Pierce County communities and gave an overview of issues impacting health equity for all Pierce County citizens. Ms. Bates described a unique *Cross Cultural Collaborative* working together in Pierce County to reduce health disparities for their community members. Activities include promoting awareness of social determinants of health through outreach using the *Unnatural Causes* media campaign. To kick off the campaign, in March 2008, a Health Equity Summit was held on the Tacoma campus of the University of Washington. More than 165 representatives from government agencies, community and non-profit organizations, and private industries, through focus groups and panel discussions, shared their ideas and concerns regarding health equities in Pierce County. Following the summit, a Health Equity Action Committee was convened to begin addressing the issues and implementing the ideas, multi-

jurisdictionally. Recognizing disparities exist between racial/ethnic groups, as well as rural/urban communities, the committee will provide opportunities in a variety of locations for residents to participate in developing a county-wide Health Equity Action Plan.

Overview of the Action Plan being developed by the Council and other Council Activities

Chair Ybarra said the Council is in the process of creating a state action plan for eliminating health disparities in Washington State. The plan, which the Council hopes to have completed by 2010, will look at health disparities broadly. It will also specifically address a number of diseases and conditions indentified in the legislation that established the Council. Chair Ybarra briefly described three additional responsibilities of the Council:

- ✓ **Language barriers:** The Council must—after holding hearings and conducting research—issue recommendations for improving the availability of culturally appropriate health literature and interpretive services within public and private health-related agencies.
- ✓ **Communication:** The Council is charged with promoting communication among state agencies and between state agencies and communities of color, the public sector, and the private sector to address health disparities.
- ✓ **Information gathering:** Through public hearings, inquiries, studies, and other efforts at information gathering, the Council will work to understand how the actions of state government ameliorate or contribute to health disparities.

She advised the participants that the Council members were at the forum to request advice from community members to help guide development of statewide health communications capacity to diverse communities. Chair Ybarra noted that the comments provided during the forum discussion would be considered as the Council formulates its policy action plan recommendations for the Washington State Legislature.

Chair Ybarra described the health impact reviews which are also a part of the Council's responsibilities. The Council collaborates with the Washington State Board of Health to complete health impact reviews requested by the Governor or members of the Legislature. A health impact review analyzes the extent to which a proposal for a legislative or budgetary change is likely to have a positive or negative impact on health disparities.

Surveys

Participants were invited by Chair Ybarra to complete written surveys which will be used by the Council to prioritize health issues that will be addressed in its action plan. The surveys will guide the Council in choosing the first five priorities for which Advisory Work Groups will be convened later this year. The groups will make their policy recommendations to the Council in 2009. The surveys were provided to participants in English and in



Spanish. Chair Ybarra advised the group that the survey was available in Vietnamese on the Council's Web site. The survey included information about communication challenges and barriers. Council staff will analyze the results of the survey and make them available to the Council and community members by the September 2008 Council meeting.

Community Comments

Chair Ybarra moved forward with the discussion portion of the forum.

Following, is a summary of written and group discussion comments.

“Include all people in the civil/power decision-making process (income and other barriers to be addressed to increase participation).”

1. What would you like the Council to know, or consider, as it continues its work to prioritize and create the state action plan?

- There is more to inequities and disparity beyond racial groups: rural, unemployed, poor. Consider multiple impacts – and innovative methods.

- Health systems need to be required, not only to provide cultural competency training, but also to enhance their receptiveness to addressing the needs of the underserved.
- Council needs to sell the state action plan. They need to “knock on doors” and break down communication barriers to get the message out. The Council can continue to build relationships with community members and invite/include them into the Council’s work groups, sessions, meetings, forums. It is very important to involve community members, not just agency officials or communication organization leaders, in the process of developing and implementing the state action plan. Their information dissemination is not good. Research programs in different counties and help get the word out. Rural residents are systematically excluded from the public policy process. The Council could provide more efforts to get input from non-English speaking or new immigrant communities.
- The Council can advocate for funding the health equity bills and policy action plan. Remember that community groups doing grassroots level work also need more money to stay on track. The Council could recommend policies that would allow health public service announcements to be placed on cable television.
- The Council should advocate for universal health care coverage.
- Workforce (healthcare) diversity is extremely important. Start early to get students interested. There is a need to increase the pipeline for nursing professions, particularly for students of color. We need to work with these students early on, as early as the 4th grade. MESA (funded through UW) programs needs more funding because MESA helps increase the pipeline for nursing programs. Nurse Camp (in Pierce County for four years) exposes high school students to health care professions. It’s a great “pipeline” project for workforce diversity.
- Women’s health should be a priority as well – particularly breast cancer.
- Mental health should not be separated from physical health. It’s important to listen to the communities and empower them to identify the problems and prevent them.
- There are two priorities: 1) Raise awareness of health issues in rural areas. 2) Raise awareness of providers in/about their communities.
- There are shortage areas for primary care providers, for dentists, and for mental health providers. We need to expand our resources to recruit and retain many other types of providers. Planning is one part of our work but there are current unmet needs in our families and communities. Racism and institutionalized discrimination are real barriers now. What are we doing, or can we do, that is tangible to meet our needs today?

“Please consider moving beyond interventions that seek to ameliorate or buffer inequities as they affect health to include at least some interventions that address root causes of social and economic inequity.”

- Effective reduction of health disparities will be either disease or process specific. If you choose disease, focus where disparities are greatest. It is probably, best, however, to focus on social determinants. Identify which are modifiable and address those which will give you the greatest positive change after modification. You're already considering mental health and other social determinants, great! Work on social determinants more than chronic disease issues.

“The health care business model does not reflect health equity for all.”

- War on poverty is the most important issue. We're losing it now – let's get working on it again. Address core social determinants (for example, political, economy). We need to understand each community's definition of “health.”
- The “isms” are core undercurrents that perpetuate inequities. Let's work to overcome our own “classism.” Nurture grassroots groups' efforts. Include all people in the civil/power decision-making process (income and other barriers to be addressed to increase participation). Remember health inequity affects all. Increased suffering may be experienced at one level but the impact crosses all society. Deep-seated inequities should



be addressed pre-disease. Population based health (ecological framework), targeting intended audiences uniquely at each community is the best way to do this. Ask community members how to do this work.

- Environment and health are connected. Prevention is important – trying to protect vulnerable groups from those things in our environment that harm our health, for example, chemicals in our environment that affect you if you live near industries or near freeways.

2. In your experience, do you think community members are well informed about health disparities?

- We need to educate our peers and leaders (even those in health agencies) so they really know what the social determinants of health are. Certainly policy makers and heads of state agencies (and their staffs) are often not educated about social determinants of health. They are not getting the word out to others.
- Current health care system is not working on health disparities for communities of color. There are unreasonable expectations for minority groups around quality and access issues because they are not treated equally.

- Communities of color and low-income communities live these disparities every day. We need to build on the strengths of communities to make their health better by educating and empowering groups with health disparities (not just those groups with money). We should develop grassroots-oriented community mobilization strategies to spread the word to include peer-to-peer models. We could provide grant funds to community providers to inform and involve community members.
- There is a lack of bilingual/bi-cultural outreach; put out free papers in more languages.
- I think people in power need more education about health disparities. The terminology is meaningless. We need to use concrete terms when we talk about health disparities. A very small percentage of health disparities are known – and the causes of those are not made clear. People may know about them but not have passion to deal with it (as they're) trying to keep food on tables.



3. How do you think state government activities perpetuate health disparities? Ideas for possible solutions?

- One solution is health impact assessments, particularly around land use planning (Tacoma-Pierce County Health Department is doing this). The assessments can look at issues like “feeling connected to the community.” Planning should be done for both community and economic development. Now, there are a disproportionate number of convenience stores (for example) in lower economic communities. We need to rectify income inequalities. One way to do this is by looking at zoning, access to grocery stores, healthy housing, etc. We also need to look across sectors to increase healthy environments.
- Public resources, such as local government, are underutilized for addressing health and wellness of their communities. The Legislature could broaden the mandate to require local governments to do health impact assessments of their policy decisions. After the assessments are completed, they should invest money in programs (such as workforce diversity building) that show cultural competence. Also, more resources could be used for prevention, rather than responding to problems after they occur. The Governor’s focus on early childhood education is a step towards the right direction. We need to continue to allocate more resources towards social determinants and prevention.

- The Legislature is looking into some of these things: community design, physical activity, wellness, and health impact assessments on policies prior to action on a bill to see the positive/negative impact on communities. Access is one point they have taken up. Wellness is a concentration for them. They are putting holes in the government silos.



- It is difficult to capture all these issues in public policy. We need to educate the legislators and work together around identified needs. Efforts have started at national level. We need to build relationships and leadership and have communities involved and testifying, but also need support at the top. You can't have the silos – that's why we have the Council as an interagency group. Improve coordination and capacity to address issues. All state agencies must have a base level of understanding and shared vision to arrive at an integrated coordinated plan for action. All state agencies have a role to play.
- There is legislation and incentives to require an increased number of providers to treat Medicaid patients. There is a huge shortage of primary care physicians, especially in rural communities. By recognizing the need for more medical providers, the government could approve more loan repayment programs as incentives for recruitment.
- There is also an access problem for at-risk youth in the community. There is a need to increase Medicaid enrollment by increasing awareness of eligibility. This is the key to increasing access.
- The cost of health care is a challenge. We need good mental health care (access and resources) at reasonable costs, especially for youth. This could be key in breaking the generational cycle in some families. Use community mobilization as a means of engaging youth.
- Lobby for the underserved. People in power represent dominant interests, control resources, and decision making. Resources are often in "English" only. Programs that serve the majority get "more bang for the buck" so minority programs are cut. Have people of color involved in the authorities with decision making power regarding disparity concerns. Provide outreach to those people who are afraid to come out of their own community. Empowerment is important. Poverty is the greatest in-equalizer. Encourage people to work, living wages, and finish education. Capacity building is also needed. Areas with disproportional impacts often don't get the funding because they lack infrastructure capacity.



- Low income qualifications are too high for men to obtain insurance without having to have children and spouses. This needs to be addressed.

4. What barriers prevent you and your community from getting health information?

- In our society, we talk about diseases. The absence of disease is not health. We need to talk about “health.” We also need to train providers to understand health.
- We can empower grassroots groups. We need to help organizations link with others to share information and resources. We can give grassroots groups information

about how to get health information to their respective communities, recognizing language and time can be barriers to community members seeking health information.

- School Board controls on curriculum (for example, blocked Academic Content Standards K-12 Education modules) can be a barrier to disseminating health information.
- Lack of community resources, due to English limitations, can prevent us from organizing speakers to present health information.
- Health disparities are an outcome of social inequities – so don’t forget these.
- People have to want to learn about health information to get through the barriers. They often do not know how to access health information. Medical care providers do not have enough information about prevention, so they give information about treatment. We need a system of health advocates who promote and assist with wellness strategies.

“Cultural competence of how we access information can be a barrier, especially if you don’t have a regular medical provider with whom you can communicate.”

5. Is there a lack of interpretive services? If so, at which points of service? Is there a particular lack in language or dialect? What strategies do you suggest to recruit and retain more interpreters?

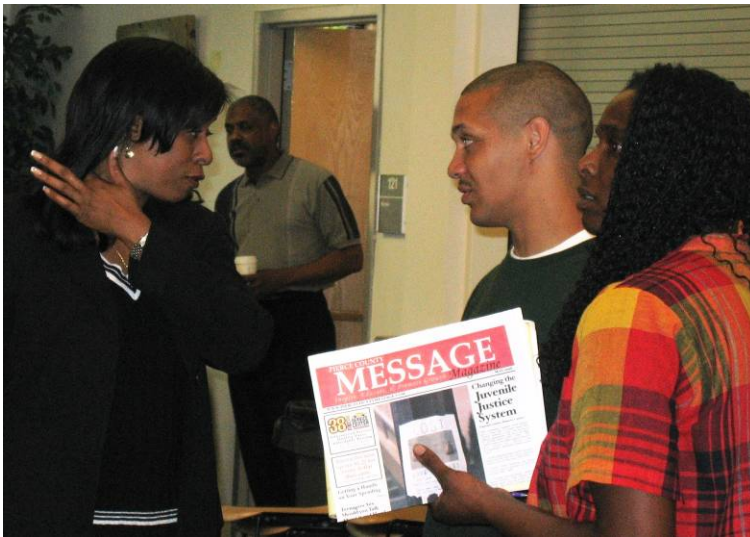
- Yes,
 - in our health department, mental health program and others
 - in elementary schools
 - at community health promotion events
- Languages,
 - Cambodian language; contact community leaders in their own communities, such as Cambodian group.
 - Punjabi
 - Sign language
- We need more money to pay live interpreters and reduce frustration with language line services. We should offer educational incentives and pay for certification. We should advocate for higher wages that are not dependent on whether or not the client shows up for the appointment. It's better to have native language educators than interpreters. We should encourage (native language speakers) to go into health care fields. Also, we can recruit interpreters from local communities and promote peer-to-peer strategies.
- Interpreters are available but services need to be prioritized by health system staff who seem to only provide services "if they must." We can also increase the "cultural" literacy of service providers.



6. Do you have suggestions for improving the quality and availability of health education materials?

- Providers themselves don't necessarily understand the social determinants. A lot of education is needed. Unnatural Causes serves as a good tool to do this education.
- Parents want and need to know what resources/advocacy is available on health resources, topics, for example, updated Web site information plus community-level groups giving feedback on how they want/need to be educated. Think outside the box; for example, develop local public service announcements for targeted audiences at specific times to meet the needs and interests of the community members. Buy health education time in minority media channels (Message magazine, BET, VH1, KDNA, etc.).

- Train community leaders who can speak both English and the native language to educate their own people.
- Identify within each county: hospitals with sliding scale options or charity services; homeless shelters; community health centers and their offerings, drug treatment centers, schools with programs to help assist community health centers in providing healthcare (UW Tacoma Nursing Program, patient navigators, etc). Use this information to develop multi-lingual resource guides with more pictures, less words.
- Look at models that are working with specific types of communities and let local communities choose the best fit for their residents.



7. What type of outreach and communication methods are effective with your community?

- Use health navigators to build capacity in communities. Health navigators and person-to-person are most effective. By talking together around these topics, we are building power in our

community. We are rich with creativity in these groups. HC3 has money to provide resources to host community forums. They have done some already, including HIV, youth, and women's health.

- Mentoring – various programs. For example, have health department staff mentor students. Important not just to look at racial/ethnic disparities. Rural/urban, language differences, etc. The minorities are becoming the majority.
- Multi-lingual resource guides with simple language are effective. Translate materials using cultural symbols. Make resources available in Spanish. Have short clips of audio/video about the programs in each group's own language because some people don't know how to read/write even in their own language.

- Group meetings with verbal outreach – no written materials, e.g. pamphlets. Both 1-on-1 and small groups are better than written literature. You can reach some groups through outreach at ethnic festivals. Remember to provide stipends (or incentives) to encourage community members to participate.
- Visual, community posters, and local service access points which use more DVDs, vignettes, storytelling, workshops, etc. are good.
- Health messages should be sent through minority media, such as radio or local cultural newspapers. The messages should be framed and presented to motivate individual behavior change.

“Provide alternative formats for non-literate people. Use TV, radio, and person-to-person communication channels.”

8. Other comments:

- Commission on African American Affairs will be holding community meetings in August (Spokane) and in October (Tacoma). See information on their Web site at: www.caa.wa.gov



- There is power in unity to improve health care. Integrated health care systems provide improved quality in health care and increases overall quality of life for all.
- There are funding partners that could be used as resources to invest in communities that are working on improving wellness, such as the Kellogg Foundation.
- Things that should be done: 1) education at various levels; 2) livable wages; 3) make welfare “workforce;” 4) use mentoring liberally; 5) mental wellness; 6) empowerment that inequities are unacceptable.
- Participants provided information about groups or individuals in their communities who should be contacted by the Council’s Outreach Coordinator.

SUMMARY

Key recommendations that were repeated throughout the community forum included the following:

- The Council should focus on the social determinants of health, such as poverty and environmental conditions.
- An emphasis should be placed on training bilingual/bicultural members of the community to provide outreach within their respective communities (e.g., health navigators).
- We should invest more in our communities so they have the capacity and infrastructure to plan and implement programs to address health disparities themselves, as well as to more fully participate in the policymaking process.
- In order to enhance the cultural competency of services and to ensure that state government actions redress and not perpetuate disparities we need to better educate our legislators, agency leaders, and other policymakers, as well as our health care providers, about health disparities and the social determinants of health.
- Organizations, including the Council, should strengthen community outreach activities by holding more forums, providing more information in person (such as at health fairs), and better utilizing minority media (such as through public service announcements on minority-owned television and radio or through inserts in minority press).
- More focus should be placed on improving the quality and accessibility of mental health services and on integrating mental health and physical health services.
- More funding and commitment should be placed on using health impact assessment during policymaking at the local and state levels.
- The Council should consider other groups that are affected by health disparities, such as rural communities and the poor.

APPENDIX

1. Written testimony from Communities of Color Coalition