2012 State Policy Action Plan to

Eliminate Health Disparities

Governor's Interagency Council on Health Disparities

December 2012

Message from the Chairs

To Governor Gregoire and Members of the Legislature:

On behalf of the Governor's Interagency Council on Health Disparities and all those who have contributed to its work, we are pleased to present the **2012 State Policy Action Plan to Eliminate Health Disparities**.

In 1985, the U.S. Department of Health and Human Services released its "Report of the Secretary's Task Force on Black and Minority Health," which first documented health disparities experienced by communities of color. Twenty-seven years later, health disparities still persist nationally and in Washington State. We have a lot of work to do to redress these inequities and believe the actions in this plan, if implemented successfully, will move us closer to that goal.

The recommendations in this plan are aimed at: (1) reducing disparities in access to and quality of behavioral health services and outcomes by promoting diversity and cultural competency in the behavioral health workforce and ensuring health equity is considered in Washington State's implementation of health reform provisions; (2) reducing health disparities from environmental exposures and hazards by promoting environmental justice, community capacity building, and the precautionary approach; and (3) reducing poverty and the impacts of poverty on health disparities by increasing capacity for culturally and linguistically competent early learning services, healthcare services in rural communities, and access to healthy foods in diverse communities.

Faced with the reality of the State's continuing budget deficit, our focus was to deliver recommendations that state agencies could take steps toward implementing with existing resources. However, we recognize that to fully implement the recommendations, agencies may require additional resources and staffing. In addition, some recommendations could certainly benefit from your leadership in order to be advanced most effectively.

We thank you for your ongoing support and commitment.

Sincerely,

Emma Medicine White Crow
Chair

Frankie Manning
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Executive Summary

Health is more than healthcare—much more. The conditions and resources where we live, learn, work, and play determine whether we remain healthy or become sick or injured. Therefore, health disparities exist, in part, because we all don't have the same living conditions, opportunities, and resources.

The Governor's Interagency Council on Health Disparities is charged with creating an action plan for eliminating health disparities by race/ethnicity and gender and to update the plan regularly. The Council submitted its first action plan in 2010. That plan included policy recommendations aimed at closing the academic opportunity gap; increasing health insurance coverage and access to culturally and linguistically appropriate healthcare services; promoting a diverse healthcare workforce; and ensuring all Washingtonians have equal opportunity to access healthy environments, make healthy choices, and manage their health in order to reduce disparities in obesity and diabetes.

This report serves as the Council's first update to the action plan and is focused on the Council's current priorities—behavioral health, environmental exposures and hazards, and poverty. All the recommendations in this plan are priorities for the Council. They were arrived at through careful deliberation within advisory committees made up of diverse representatives from the public, private, and community sectors and with final approval by the Council.

With this plan, the Council's focus was **to deliver recommendations that state agencies and their partners could immediately take steps toward implementing within existing resources** and the majority of the recommendations in this plan fall into that category.

The Council recognizes, however, that additional resources and staffing may be required to fully implement some of the recommendations. In addition, **the Council highlights the following recommendations, which could certainly benefit from the support and leadership of the Governor and Legislature**:

- Health profession training institutions should actively recruit people of color and people devoted to serving communities of color into health programs, including behavioral health programs (see page 11 for more detail).
- Washington State should make a clear commitment to environmental justice, including establishing a statewide environmental justice policy that creates accountability for addressing disproportionate exposures and health disparities (see page 15 for more detail).
- In an effort to sustain and improve the health of rural communities and to reduce health disparities for low-income and communities of color, the Legislature should support the strategies in the 2012 Rural Health Care Strategic Plan for Washington (see page 18 for more detail).

The Council intends to monitor the implementation of its recommendations through briefings and updates at future Council meetings.

Background and Introduction

In Washington State, Native American men can expect to live seven years fewer than their white neighbors, and black mothers are twice as likely to have their babies die during their first year of life as white mothers. These are just two examples of health inequities that persist in our state. To address such inequities, the Legislature created the Governor's Interagency Council on Health Disparities and charged it with creating an action plan to eliminate health disparities by race/ethnicity and gender. The Legislature asked the Council to consider a number of specific health topics as well as the social determinants of health when identifying priorities to address in its action plan.

Why do Health Disparities Exist?

Health is more than healthcare—much more. Health is determined by conditions and resources where we live, learn, work, and play that influence whether we remain healthy or become sick or injured. These conditions are referred to as the social determinants of health. Examples include personal behaviors (e.g., smoking), healthcare related factors (e.g., access to primary care), environmental conditions (e.g., exposure to air pollution), and personal resources (e.g., education and income). Moreover, early life experiences can affect an individual's health over their lifespan and even into future generations.

Health disparities exist because we all have different conditions and resources that shape our health. Communities of color tend to have lower incomes and less education, which leads to, for example, less access to nutritious food, safe and healthy environments, and appropriate healthcare services. Racial/ethnic health disparities are not entirely explained by the unequal distribution of social and economic resources. Disparities persist even when factors such as education and income are taken into account. The added burden of how society treats people of color—both institutional and interpersonal racism—contributes to the many factors that lead to inequities in health. In addition, chronic stress resulting from racial discrimination is a known determinant of poor health.

Looking For More Information?

Additional information on the Council's advisory committees, including the final reports and recommendations from each committee, is available on the Council's website at: HealthEquity.wa.gov.

Addressing Health Disparities

The Legislature directed the Council to identify up to five priorities to address in its state policy action plan and subsequent updates. To assist with identifying priorities, the Council has used the framework in Figure 1 and has intentionally chosen to focus on both "upstream" structural and social determinants as well as "downstream" health outcomes. In the Council's first plan, which it submitted in 2010, it chose to focus on education, healthcare workforce diversity, health insurance coverage, obesity, and diabetes. For the 2012 update, the Council has chosen to focus on behavioral health, environmental

Definition of Health Disparities:

The difference in incidence, prevalence, mortality, or burden of disease and other adverse health conditions, including lack of access to proven healthcare services that exists between specific population groups in Washington State.

Background and Introduction

exposures and hazards, and poverty. The Council recognizes the growing research that supports the need for early intervention to promote health and reduce health disparities. As a result, the Council directed each of its advisory committees to consider (as appropriate and applicable) the target population group of preconception to 3 years when developing recommendations.

Cross-Cutting Themes

Over the years, the Council has convened advisory committees made up of representatives from the public, private, and community sectors to help identify its policy recommendations for eliminating health disparities. The Council has identified a number of themes that have reemerged within different advisory committees over the years. The recommendations related to these cross-cutting themes are likely to work toward the elimination of health disparities through multiple mechanisms. As such, they may be of particular importance in eliminating disparities.

• **Early Learning.** The Council's advisory committees for education and poverty both stressed the importance of ensuring high quality early learning programs are available for communities affected by health disparities. In its 2010 plan, the Council called for the state to prioritize early learning services in school districts with the largest academic achievement gaps so that children of color are as likely to succeed in school as other students. Similarly, in this plan (see page 18), the Council includes recommendations to ensure a more diverse and culturally competent early learning workforce.

• **Cultural Competence and Diversity.** The Council's advisory committees for education, healthcare workforce diversity, behavioral health, and poverty all emphasized the importance of providing culturally and linguistically competent services. This plan's behavioral health and poverty recommendations stress the importance of culturally competent behavioral healthcare and early learning services (see pages 11 and 18, respectively). Similarly, committees have recommended actions to improve the diversity of the healthcare workforce and other service providers. Several recommendations for improving the diversity of the healthcare workforce were provided in the Council's 2010 plan, as well as a recommendation to increase the diversity of certified diabetes educators. In addition to the recommendation to increase the number of bilingual/ bicultural early learning professionals (mentioned above), this plan also includes recommendations for a more diverse behavioral healthcare workforce (see page 11).

• **Language Access**. The Council's advisory committees for health insurance coverage, behavioral health, environmental exposures and hazards, and poverty discussed the need for ensuring meaningful interpretation and translation services for individuals with limited-English proficiency. On page 11, language access services are included as an example of the kinds of supports that should be incentivized to improve behavioral health outcomes and on page 15, they are included as a way of ensuring community engagement in decision making.

• **Community Engagement.** The importance of ensuring affected communities are consulted with and engaged in state activities related to health or the social determinants of health is an important theme discussed in all committees convened over the years. For example, this plan includes recommendations for government agencies to increase community capacity to participate as equal partners in making policy decisions about environmental and community health (see page 15)

and recommendations to ensure community-based organizations, Tribes, and urban Indian health organizations are engaged and consulted in the State's efforts to develop an integrated, publicly-funded behavioral healthcare system (see page 11).

• **Capacity Building.** All of the Council's committees have identified a need for enhanced resources, staff, programs, and/or expertise to effectively work toward the elimination of health disparities in different communities. Capacity building was a theme of the poverty and health disparities committee and is reflected in all of its recommendations (see page 18).

• **Data.** Another theme repeated across numerous advisory committees, is the need to ensure data are routinely collected, analyzed, and disseminated to track disparities and evaluate the effectiveness of interventions. An important consideration is the need to collect racial/ethnic and other data disaggregated to the finest extent possible in order to unmask where disparities exist among racial/ethnic subgroups. As a specific example, the Council's recommendation related to environmental justice (see page 15) includes a provision for agencies to identify appropriate measures and baseline indicators for tracking disparate impacts and progress toward reducing disparities in the provision of services as well as outcomes.

The Council has identified a number of themes that have reemerged within different advisory committees over the years. The recommendations related to these cross-cutting themes are likely to work toward the elimination of health disparities through multiple mechanisms. As such, they may be of particular importance in eliminating disparities.

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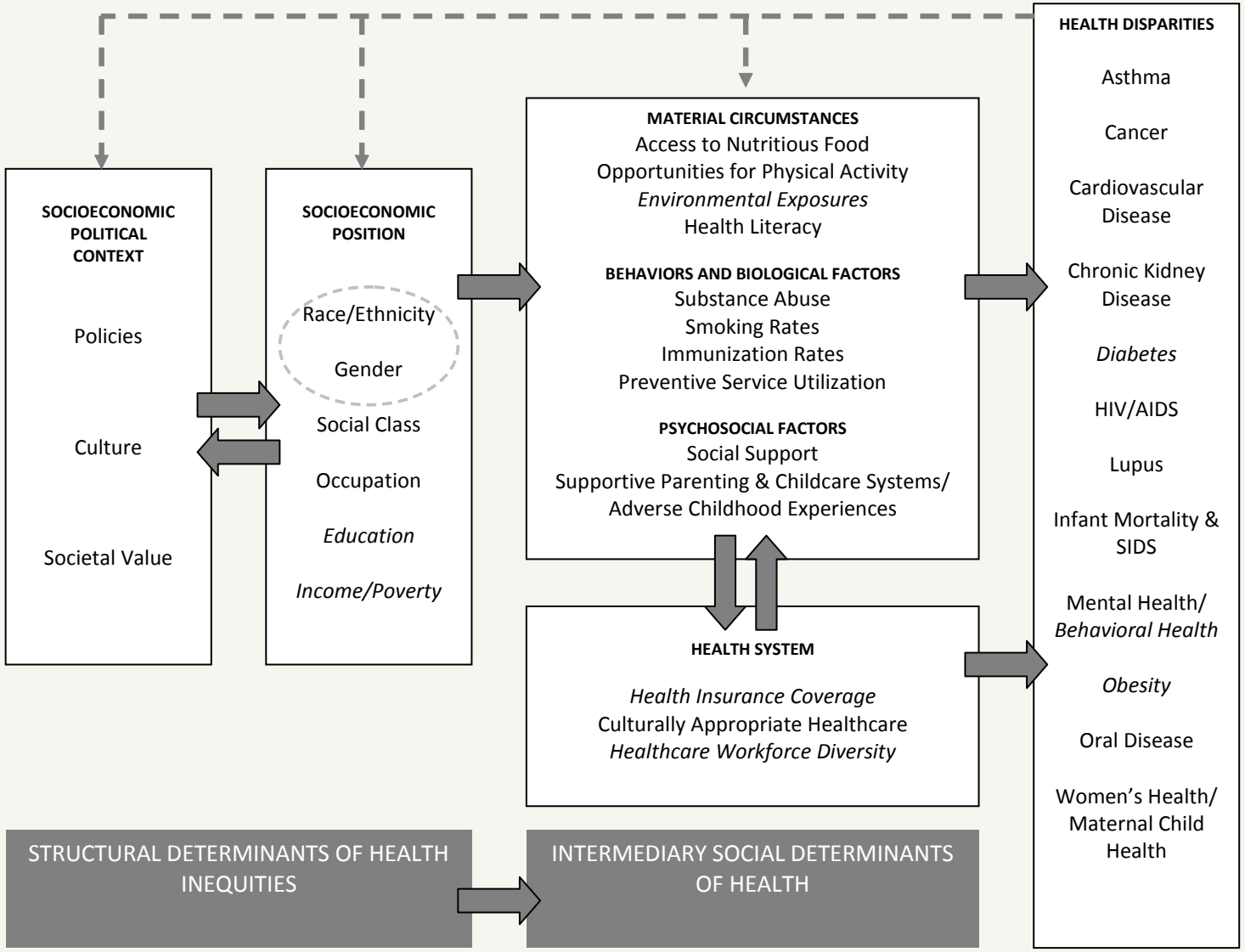
Background and Introduction

Figure 1: Framework Linking the Social Determinants of Health with Health Disparities



Key:

- All topics listed in the framework have been considered by the Council as possible priorities.
- Topics in italics were chosen as priorities for the 2010 and 2012 action plans.

Behavioral Health

Behavioral health is an umbrella term that encompasses both mental health and substance use conditions. According to the Substance Abuse and Mental Health Services Administration, individuals with substance use conditions often have a mental health condition at the same time and vice versa.

Behavioral Health Disparities

Racial/ethnic disparities in behavioral health persist in Washington State and the Nation. Nationally, people of color tend to have less access to behavioral health services, are less likely to seek services, and are more likely to receive poorer quality of care. These inequities are due to a variety of factors, such as differences in insurance coverage, lack of cultural competence among providers, and social factors such as racial discrimination on the part of mental health practitioners. Following are just a few examples of documented disparities:

- Asian American, Native Hawaiian, and Pacific Islander females between the ages of 15-24 have among the highest rates of suicide ideation and depressive symptoms of any racial/ethnic group.
- Among African American women, 21.5% report postpartum depression compared to 11.9% among White women.
- Hispanic female students in grades 9-12 reported a higher percentage of suicide attempts (14%) than their White, non-Hispanic (7.7%) counterparts.
- Among the U.S. population age 12 or older, the rate of substance abuse or dependence in the past year was 16% for American Indians or Alaska Natives compared to 8.9% for Whites.

The Council's Behavioral Health Disparities Advisory Committee

The Council convened a behavioral health disparities advisory committee to assist with identifying actions to reduce disparities in access to and quality of behavioral health services and outcomes by race/ethnicity and gender. The committee met during a time of much change and uncertainty regarding the delivery of behavioral health services in Washington State. Committee members discussed that improving access to and quality of behavioral health services for all populations was important but agreed that targeted efforts to improve access to care and quality of care for communities of color were essential to reduce disparities. After much deliberation, the committee agreed to focus its recommendations on developing the behavioral health workforce and identifying opportunities to improve care and reduce behavioral health disparities during health reform implementation. The following recommendations were submitted by the behavioral health disparities advisory committee and approved by the Council. The Council intends to monitor the implementation of the recommended actions through briefings and updates at future Council meetings.

More information on behavioral health disparities and the behavioral health disparities committee's process is in the behavioral health committee's policy paper at healthequity.wa.gov/Committees/Behavioral%20Health%20Disparities/Index.htm.

The behavioral health disparities advisory committee found there is a need for improved data collection and analyses to better understand behavioral health disparities, particularly for racial/ethnic subpopulations.

Behavioral Health

Key Findings

- Health professional diversity results in improved access to care for communities of color, greater patient choice and satisfaction, better communication between patients and providers, and better educational experiences for students in health profession programs.
- Non-English speaking patients receive better interpersonal care, experience greater medical comprehension, and have a greater likelihood of keeping follow-up appointments when they are treated by a provider who speaks their language, particularly in the mental health setting.
- As more people of color gain health insurance under the Affordable Care Act, it is important we do not create new barriers for culturally and linguistically competent providers to serve diverse patient populations, as well as to identify and remove barriers, where appropriate.
- Interventions to improve the cultural competence of healthcare providers and systems appear to affect health services utilization, satisfaction, and increases in knowledge, although more research on provider and patient behavior and outcomes are needed. Culturally competent healthcare decreases the cost burden of ineffective care or poor access to care for communities of color.
- The U.S. Department of Health and Human Services Office of Minority Health issued standards for culturally and linguistically appropriate services (CLAS standards)—the standards include mandates, guidelines, and recommendations to correct inequities that currently exist in the provision of health services and to make these services more responsive to the individual needs of all patients/consumers.
- Tribes, urban Indian organizations, and community-based organizations that are trusted and knowledgeable about local circumstances and opportunities and are culturally and linguistically competent can provide effective outreach and enrollment into public insurance programs. Community-based organizations tend to offer a more comfortable, approachable setting than government agencies, especially for diverse communities.
- There is a need for improved data collection and analyses to better understand behavioral health disparities, particularly for racial/ethnic subpopulations. These data need to be regularly analyzed to observe changes over time and to evaluate whether interventions are effective.
- Policies that promote access to culturally, linguistically competent health homes for vulnerable patient populations could help reduce or eliminate healthcare disparities for communities of color and low-income communities.
- Care coordination programs that include peer support and other support services for adults with mental disorders can enhance access to treatment, lower healthcare costs, and result in additional social benefits, such as increased employment, reduced incarcerations, and reduced homelessness.
- Evidence-based screening tools and practices used to assess behavioral health problems need to be adapted to different cultures and languages.

Recommendations

RECOMMENDATION 1: WORKFORCE DEVELOPMENT

A. Development: The Office of Superintendent of Public Instruction should collaborate, support, and seek funding opportunities with community-based organizations, Tribes, and urban Indian health organizations in providing outreach and programming to students of color and their families about resources and programs that can assist students to prepare for careers in the health professions, including the behavioral health field. Such programs include but are not limited to Navigation 101, IBEST, various OSPI sponsored dropout prevention, intervention, and retrieval programs, as well as exploratory and dual credit career and technical education opportunities in the health sciences program. In addition, health professions training institutions should actively recruit people of color and people devoted to serving communities of color into health programs, including behavioral health programs.

B. Credentialing: The Department of Health should consult with agencies, facilities, federally recognized Indian Tribes within the State, or counties that can employ agency affiliated counselors before any changes to agency affiliated counselor scope of practice and/or credentialing requirements are made in rule.

C. Training for Providers: The disciplinary authorities for behavioral health professions should: (1) consider cultural competency training as acceptable to meet part of the total required continuing education hours and (2) include providers of acceptable cultural competency training among those approved to provide continuing education.

RECOMMENDATION 2: HEALTH REFORM IMPLEMENTATION

As Washington State develops an integrated, publicly-funded primary and behavioral healthcare system, the State should assure meaningful engagement and participation from primary care stakeholders, behavioral health stakeholders, and communities, particularly those impacted by health disparities, as well as government-to-government consultation with Tribes. Specific recommendations for an integrated system that is responsive to community needs include the following:

A. Data: Health Care Authority and Department of Social and Health Services should routinely collect, analyze, and disseminate data on access to behavioral health services, quality of behavioral health services, and behavioral health outcomes. Metrics should be based on multiple data sources and disaggregated to the finest subpopulation level possible. At a minimum, data should be disaggregated in accordance with Department of Health and Human Services' standards for data collection on race, ethnicity, sex, primary language and disability status, as required by Section 4302 of the Affordable Care Act. However, Health Care Authority and Department of Social and Health Services should consider using the standards adopted by the Office of Superintendent of Public Instruction.[1]

B. Qualified Health Homes: Health Care Authority and Department of Social and Health Services should ensure the definition of qualified health homes allows for the inclusion of Tribes, urban Indian health organizations, community-based organizations and school-based health centers to be a part of qualified health homes. Qualifying health homes should be patient-centered, encourage integrated care, and cover chronic health conditions, including substance abuse and mental disorders.

C. Incentivizing Culturally Competent Care: Health Care Authority and Department of Social and Health Services should ensure payment models incentivize culturally competent care coordination and other supports and services that promote engagement and positive health outcomes (e.g., language access services, patient self-management, tobacco prevention and cessation services, and peer support specialists). Care coordination should reflect the integration of behavioral health and primary care in a setting most appropriate for the client.

D. Access and Engagement: Health Care Authority and the Health Benefit Exchange Board should ensure that culturally and linguistically competent community-based organizations, Tribes, and urban Indian health organizations are eligible to serve as navigators and be compensated for providing outreach to and increase enrollment of diverse communities into Medicaid Expansion and plans offered under the Health Benefit Exchange. Health Care Authority and Department of Social and Health Services should ensure any mandated evidence-based screening tools and practices allow for flexibility to include promising practices and cultural and linguistic adaptation.

[1] See appendix Y and appendix Z in the Comprehensive Education Data and Research System (CEDARS) Data Manual for the 2011-2012 school year available at: http://www.k12.wa.us/CEDARS/pubdocs/2011-12/2011-12CEDARSAppendices.pdf.

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Environmental Exposures and Hazards

Environmental health focuses on how chemicals, microorganisms, or other hazards in the environment can affect our health through the food we eat, the water we drink, or the air we breathe. Environmental justice is the right to a safe, healthy, productive, and sustainable environment, where "environment" is considered in its totality to include the ecological, physical, social, political, aesthetic, and economic environment. Environmental justice addresses the disproportionate environmental risks borne by low-income communities and communities of color resulting from poor housing stock, poor nutrition, lack of access to healthcare, unemployment, underemployment, and employment in the most hazardous jobs.

Environmental Health Disparities

The U.S. Department of Health and Human Services has declared the environment to be a leading determinant of human health and well-being. Unfortunately, in Washington State and the Nation, all communities do not have access to safe and healthy homes, schools, jobs, and communities. Environmental justice research demonstrates that people of color and low-income individuals are disproportionately exposed to environmental hazards, such as pollution and chemicals in their communities. Moreover, there is an increasing body of research demonstrating how exposures to environmental contaminants are linked to various human diseases and health effects including asthma and other respiratory disease, cardiovascular disease, obesity, cancer, developmental disabilities, mental health problems, and adverse reproductive and other health outcomes from exposure to endocrine disrupting chemicals.

The Council's Environmental Exposures and Hazards Advisory Committee

The Council convened an advisory committee to assist with identifying actions to reduce the disproportionate health impacts from environmental exposures and hazards related to race/ethnicity, gender and the developmental period from preconception to age 3. The committee met during a time of much momentum around environmental justice at the National level including the release of a memorandum of understanding on environmental justice by 17 federal agencies; the Environmental Protection Agency's Plan EJ 2014; and the Department of Health and Human Services' draft 2012 environmental justice strategy.

Environmental exposures and hazards is a broad topic, and therefore, the committee invested time in early meetings to define its scope and select focus areas. It conducted a review of the literature to assess current research and gaps, including a careful examination of research on epigenetics and the life course model. The following recommendations were submitted by the environmental exposures and hazards advisory committee and ultimately approved by the Council. The Council intends to monitor the implementation of the recommendations through briefings and updates at future Council meetings.

More information on environmental exposures and hazards, including a detailed literature review, and the process the committee went through can be found in the committee's policy paper at http://healthequity.wa.gov/Committees/Environmental%20Exposures%20and%20Hazards/Index.htm.

"The environment is a leading determinant of health and well-being."
-U.S. Department of Health and Human Services

Environmental Exposures and Hazards

Key Findings

- On August 4, 2011, federal agencies signed an environmental justice memorandum of understanding to reaffirm Executive Order 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations", to provide environmental justice strategies and implementation progress reports, to establish structures and procedures to ensure the effective and efficient operation of the Interagency Working Group, and to identify areas of focus to include in agency environmental justice.
- The U.S. Department of Health and Human Services in its draft 2012 Environmental Justice Strategy called the environment a leading determinant of health and well-being.
- Adverse health outcomes such as asthma, respiratory disease, cardiovascular disease, obesity, developmental disabilities, and poor mental health have been associated with environmental toxicants and unhealthy social conditions.
- Environmental exposures and hazards are not uniformly distributed across populations; low-income communities and communities of color are at disproportionately high risk for environmental health disparities. Moreover, impacted communities do not always receive their fair share of beneficial societal resources.
- Environmental exposures such as toxic chemicals and maternal stress can affect fetal development and result in adverse health effects over a child's life course and into future generations.
- A contributing factor to environmental health disparities is the obstacles affected communities face in providing meaningful input into agency decision making. Strengthening community capacity to participate in making policy decisions about environmental health is essential in promoting environmental health equity and reducing environmental health disparities.
- An important approach to preventing harm to public health and the environment is incorporating the precautionary principle into decision making.
- Regardless of a person's income, race, or culture, all Washington residents should have access to homes, schools, recreational spaces, food, and jobs that are clean and safe. Sustainable development is essential and "all human beings have the fundamental right to an environment adequate for their health and well-being".
- We have an ethical responsibility to ensure an environment in which children from preconception onward can reach and maintain their full potential which includes one that minimizes hazardous chemical exposure and creates a healthy supportive environment.

Recommendations

RECOMMENDATION 1: ENVIRONMENTAL JUSTICE

Washington State should make a clear commitment to environmental justice. This includes establishing a statewide environmental justice policy that creates accountability for addressing disproportionate exposures and health disparities.

Government policies should advance the principles of environmental justice, and ensure "the fair treatment and meaningful involvement of all people regardless of race, color, national origin, age, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies." Environmental Justice goals should be reflected in:

A. Institutional Awareness and Diversity:

• Provide staff and management training (e.g., environmental justice, institutional racism, government-to-government, and cultural competence).

• Improve diversity of agency staff, particularly leadership and management positions. Prioritize hiring and contracting from impacted communities. Create internships, fellowships, and scholarships for students from affected communities.

• Agencies whose actions may affect public health or the environment should adopt an ethical policy that acknowledges that children have a right to an environment in which they can reach and maintain their full potential.

B. Service Equity, Accountability, and Metrics:

• Formalize practices that establish service equity to ensure the most underserved and disproportionately overburdened communities are state priorities (e.g., reducing pollution, creating parks, strengthening education, promoting health). This should include routine assessment to ensure services are provided based on need.

• Ensure existing and forthcoming agency plans address equity and social justice.

• Systematically and proactively assess proposed changes to agency programs, policies, and budget decisions for potential adverse impacts on health and environmental equity. Ensure resources and services are distributed equitably (e.g., health impact assessment, environmental justice analysis, cumulative impacts analysis, equity impact assessment).

• Identify appropriate measures and baseline indicators for tracking disparate impacts and progress towards reducing disparities.

• Formalize interagency processes for gathering, investigating, and resolving environmental justice issues and complaints.

• Reconvene a collaborative, cross-agency and community environmental justice working group (as first recommended by the State Board of Health) to provide guidance and to evaluate state activities and progress towards environmental justice. The working group should help facilitate communication, coordination, and collaboration across sectors to promote health and environmental equity.

RECOMMENDATION 2: PROMOTE HEALTHY COMMUNITIES THROUGH CAPACITY BUILDING & INVOLVEMENT

Washington State should work to strengthen community capacity to reduce exposures to harmful substances and conditions and increase access to beneficial resources that are health-protective. This includes supporting impacted communities with creating circumstances that promote health, such as access to healthy food, quality schools, unpolluted and safe neighborhoods, and economic security.

A. Government agencies should increase community capacity to participate as equal partners in making policy decisions about environmental and community health.

• Provide outreach, training, and technical assistance to high risk and overburdened communities. Examples include information about environmental justice, grant writing, data access and analysis, and community mobilization and advocacy.

• Ensure effective community engagement in agency decision-making. Measures to strengthen community and agency collaboration include: appointing a dedicated agency/community ombudsperson, comprehensive language access services, and public meeting planning that accommodates diverse community needs.

• Strengthen protocols for meaningful Tribal consultation.

• Dedicate funds to assist communities with environmental justice concerns and prioritize underserved and highest risk communities.

Environmental Exposures and Hazards

Recommendations

RECOMMENDATION 3: PRECAUTIONARY APPROACH

Washington State should aggressively reduce the use of chemicals that are known to or may potentially pose a risk to human health and child development, and prioritize reducing impacts in disproportionately burdened communities.

A. The state should take a precautionary, prevention-oriented approach to environmental contaminants.

- Reasonable measures should be taken whenever an activity threatens harm to human health or the environment even if all evidence has not been fully established scientifically.
- Decision-making processes should help reduce harm by selecting the least potential threat.
- The proponent of an activity, rather than the public, should bear the burden of proof.

B. State agencies should take actions and set tangible goals for reducing or eliminating harmful environmental exposures.

- The public should be provided comprehensive information about potential environmental and health impacts and safer alternatives.
- Agencies should have the authority to require an alternative assessment be conducted to identify safer alternatives to known or potentially harmful chemicals.
- Applicable natural resources and health agencies should formalize a process of incorporating cumulative exposures into risk assessment and decision-making processes.
- Agencies should have the authority to request a Health Impact Assessment (HIA) to examine the potential health effects of proposed actions, policies, programs, and projects. The proponent of the activity should bear the cost of the health impact assessment.
- Agencies should review the scientific literature describing new or emerging chemicals or technologies that may present a health concern.

C. Children's health and development should be prioritized by reducing unnecessary chemical exposures and creating a supportive environment from preconception onward.

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In 2010, there were an estimated 888,718 individuals living in poverty in Washington State – this is 13.4% of the population and reflects an increase in the number of people living in poverty since 2008. Washington has a long history of supporting low-income individuals and families through a system of income, healthcare, and social service supports. Due to budget shortfalls, however, cuts have been made to key public programs despite a growing demand for them.

Poverty and Health Disparities

Economic factors are an influential determinant of health—your income determines how healthy you are and how long you live. Income has such an influence on health because it shapes where you live, where you work, your personal behaviors, and your access to healthcare and other resources. There is strong evidence that people with higher incomes tend to benefit from better health. As just a few of examples, increasing levels of household income have been strongly associated with a decrease in current smoking among adults, a decrease in the percentage of adults reporting current asthma, a decrease in the prevalence of diabetes, and an increased likelihood of having a personal healthcare provider.

Poverty is not spread equally among Washington's population. Poverty is more common among women than men and large disparities in poverty exist by race/ethnicity. Moreover, poverty is more common in rural areas of Washington State. As a result, poverty is a known and important contributor to the health disparities experienced by communities of color and rural communities.

The Council's Poverty and Health Disparities Advisory Committee

The poverty and health disparities advisory committee was convened to identify actions to reduce poverty and the impacts of poverty on health disparities. Through its review of the literature, its discussions, and its wide breadth of expertise, the committee found there were often inadequate services to support families in poverty, particularly families in diverse and rural communities. The committee agreed to focus on capacity development in early learning, access to healthcare services in rural communities, and access to healthy foods. They chose early learning because of strong evidence linking early childhood development programs to improved educational outcomes. The committee chose to focus on rural healthcare because rural communities tend to have higher rates of poverty and have less access to healthcare services. Finally, they chose to focus on access to healthy foods in diverse communities because of strong evidence linking a healthy diet to positive health outcomes. The following recommendations were submitted by the poverty and health disparities advisory committee and approved by the Council. The Council intends to monitor the implementation of recommendations through briefings and updates at future Council meetings.

More information on poverty and health disparities and the process the advisory committee went through is in the committee's policy paper at http://healthequity.wa.gov/Committees/Poverty%20and%20Health%20Disparities/Index.

Economic factors are an influential determinant of health—your income determines how healthy you are and how long you live.

Poverty

Key Findings

- Greater educational attainment is a key determinant of health.
- Early childhood development programs have been shown to prevent cognitive developmental delay, increase readiness to learn, and improve academic performance.
- Washington State is becoming more racially/ethnically and linguistically diverse and the early learning system will need to respond accordingly.
- Barriers to accessing early learning services include a lack of qualified early learning professionals in some communities, the need for skill development among early learning professionals to support children's learning in developmentally and culturally competent ways, and the isolation of some communities.
- Communities of color and low-income communities are growing faster in rural areas than in urban areas of the State.
- Rural communities face a complex set of health issues, including higher rates of obesity and smoking; lower rates of health insurance and access to a personal healthcare provider; an increased chance of being hospitalized or delaying a medical visit due to cost; and a decreased likelihood of having an annual dental visit or receiving preventive screenings.
- The 2012 Rural Health Care Strategic Plan for Washington State, which was developed with broad consensus from key stakeholders, outlines a series of local and statewide strategies to maintain essential services and to transform the system to improve the health of rural communities.
- A nutritious diet, including a variety of fruits and vegetables, can reduce the risk of obesity, high blood pressure, high cholesterol, and chronic diseases such as diabetes and cardiovascular disease.
- The percentage of adults who eat the recommended amount of fruits and vegetables varies by race/ethnicity and income.
- State agencies and their partners have recommended the formation of a Food System Roundtable to provide a forum for developing a 25-year vision for improving the food system in Washington State.

Recommendations

Recommendation 1—Increasing Capacity for Culturally and Linguistically Competent Early Learning Services: Create additional capacity for bilingual/bicultural early learning programs through both training of early learning professionals and support of bilingual/bicultural providers on the pathway to getting licensed. The Department of Early Learning can support this by promoting cultural competency training for early learning professionals on the diversity of racial/ethnic, linguistic and socio-economic backgrounds of children and families they work with.

Recommendation 2—Increasing Capacity for Healthcare Services in Rural Communities: In an effort to sustain and improve the health of rural communities and to reduce health disparities for low-income and communities of color, the Legislature should support the strategies in the 2012 Rural Health Care Strategic Plan for Washington State.

Recommendation 3—Increasing Capacity to Access Healthy Food in Diverse Communities: The Department of Social and Health Services and the Department of Health should convene the Food System Roundtable, as recommended in the Report on Washington's Food System—Response to Executive Order 10-02. The Food System Roundtable should consider and include in its 25 year vision the needs of diverse communities in accessing healthy foods, including communities of color, immigrant, refugee, low-income, and rural communities. The interagency workgroup's agencies and partners should engage diverse communities to serve on the Food System Roundtable as well as to provide input into the 25 year vision.

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Acknowledgments

The Council gratefully acknowledges its committee members and consultants for their hard work in crafting policy recommendations for its consideration. The Council warmly thanks all the members of the public who testified at Council meetings and provided input to help guide the Council in its work.

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