

# Governor's Interagency Council on Health Disparities

## 2013 Update: State Policy Action Plan to Eliminate Health Disparities

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## INTRODUCTION

RCW 43.20.280 requires the Governor's Interagency Council on Health Disparities (Council) to create an action plan to eliminate health disparities by race/ethnicity, and gender. Statutory reporting requirements state:

*"The council shall consider in its deliberations and by 2012, create an action plan for eliminating health disparities."*

*"The action plan shall be updated biannually."*

*"The council shall report its progress with the action plan to the governor and the legislature no later than January 15, 2008. A second report shall be presented no later than January 15, 2010, and a third report from the council shall be presented to the governor and the legislature no later than January 15, 2012."*

In January 2008, the Council submitted its first progress report to the Governor and Legislature. That report detailed the Council's process to identify an overarching list of 32 health conditions and social determinants of health that it would consider for inclusion in its first state action plan. The report also described the Council's process to narrow the list from 32 to 12 health topics using criteria on the prevalence, severity, and level of disparity for each. In addition, the 2008 progress report highlighted other Council activities, including contracting with a non-profit organization to assess the availability of culturally and linguistically appropriate health education materials; convening the Public Forum on Language, Culture, and Health Care; applying for and being awarded a State Partnership Grant from the U.S. Department of Health and Human Services' Office of Minority Health; and co-sponsoring the Each Student Successful Summit with eleven other partners to discuss a whole-child approach to address health disparities and the academic achievement gap, among other activities.

The Council submitted its second progress report in January 2009. That report described the Council's second phase of its prioritization process, in which it identified its top five priorities using criteria on readiness, community need, and epidemiologic data. In addition, the report highlighted community outreach activities, the Council's Community Forum on Health Equities, Council member participation in health equity events, participation in national health disparities activities, and the convening of an advisory workgroup to assist with the development of the Council's *Multicultural Health Communications Directory*.

In January 2010, a third progress report was submitted, which discussed the Council's selection of its first five priorities—education, health insurance coverage, healthcare workforce diversity, obesity, and diabetes—and described the convening of advisory committees to develop policy recommendations for the Council's consideration. The report also highlighted Council efforts to link public, private, and community partners together to leverage resources to promote health equity and reduce disparities; to redesign its Web site; and to participate in the National

Partnership for Action to End Health Disparities Initiative and other local, state, and national health equity efforts.

The Council submitted its 2010 *State Policy Action Plan to Eliminate Health Disparities* in June 2010. That plan included policy recommendations aimed at closing the education opportunity gap, increasing health insurance coverage and access to culturally and linguistically appropriate healthcare services, promoting a diverse healthcare workforce, and reducing disparities in obesity and diabetes. With that plan, the Council delivered broad policy recommendations, most of which would have required executive or legislative action to implement.

In 2012, the Council submitted a second action plan, which focused on a new set of priorities and recommendations to reduce behavioral health disparities, promote environmental justice, reduce health disparities from environmental exposures and hazards, and to reduce poverty and the impacts of poverty on health disparities. The Council's focus with its 2012 action plan was to deliver recommendations that state agencies and their partners could take steps toward implementing with existing resources.

All Council reports are available on its Web site: [www.HealthEquity.wa.gov](http://www.HealthEquity.wa.gov).

This report describes the Council's progress toward implementing the recommendations in its 2012 action plan and highlights other activities the Council has initiated or participated in to improve the health and well-being of Washington's diverse communities.

## ABOUT THE COUNCIL

In accordance with Section 43.20.275 RCW, the Council has 17 members: a chair appointed by the Governor; representatives of 14 state agencies, boards, and commissions; and two members of the public who represent the interests of health care consumers. A list of current Council members is provided in Box 1.

All meetings of the Council are open to the public as required by the Open Public Meetings Act, Chapter 42.30 RCW. The Council maintains an electronic-mail distribution list of interested members of the public, which it uses to announce meetings, distribute draft and final meeting agendas, and solicit input and feedback to guide its work.

In addition, the Council maintains a Web site which it uses to supply information about the Council; share information and resources on health disparities; announce upcoming meetings; and post meeting agendas, minutes, and materials. Contact information for Council members and staff, Council bylaws, press releases, and other information can be found on the Web site.

Governor's Interagency Council on  
Health Disparities  
Web site:  
[HealthEquity.wa.gov](http://HealthEquity.wa.gov)

<b>Box 1: Governor’s Interagency Council on Health Disparities Membership</b>	
Governor’s Representative and Council Chair:	Emma Medicine White Crow
Consumer Representative and Council Vice Chair:	Frankie T. Manning
Consumer Representative:	Gwendolyn Shepherd
Commission on African American Affairs:	Winona Hollins-Hauge
Commission on Asian Pacific American Affairs:	Sofia Aragon
Commission on Hispanic Affairs:	Nora Coronado Diana Lindner (alternate)
Department of Agriculture:	Kim Eads
Department of Commerce:	Diane Klontz
Department of Early Learning:	Jonathan Green
Department of Ecology:	Millie Piazza John Ridgway (alternate)
Department of Health:	Gail Brandt
Department of Social and Health Services:	Marietta Bobba
American Indian Health Commission <sup>1</sup> :	Willie Frank Jan Olmstead (alternate)
Health Care Authority:	Vazaskia Caldwell
Office of Superintendent of Public Instruction:	Dan Newell Greg Williamson (alternate)
State Board of Health:	Stephen Kutz
Workforce Training and Education Coordinating Board:	<i>Vacant</i>

<sup>1</sup> The Governor’s Office of Indian Affairs delegated authority to the American Indian Health Commission to appoint a representative to the Council.

## STATUS OF 2012 ACTION PLAN RECOMMENDATIONS

Table 1 provides a list of the Council’s recommendations to eliminate health disparities from its 2012 action plan. The plan was completed in December 2012. In the six months since its submission, much work has continued or been initiated to implement the recommendations by the agencies with representation on the Council and others. Table 1 provides selected highlights of current and planned work toward implementing the recommendations.

<b>Table 1: Implementation Status of 2012 State Policy Action Plan to Eliminate Health Disparities Recommendations</b>	
<b>Recommendation<sup>2</sup></b>	<b>Status</b>
<b>BH<sup>3</sup>—Workforce Development</b> Assist students from diverse communities to prepare for careers in health professions, including behavioral health. Improve recruitment from communities of color into health programs.	The Office of Superintendent of Public Instruction (OSPI) hired a Health Sciences Program Supervisor on October 1, 2012 to take the lead on work related to exploratory Career and Technical Education programs. To date, staff has been working with the Health Science Center of Excellence on a statewide program of study. Future plans are partnering with Systems Biology, Seattle Biomedical, Fred Hutchinson, and the University of Washington in developing a program in Global Health.
<b>BH—Workforce Credentialing</b> Ensure input from affected communities to any credentialing or scope of practice changes regarding agency affiliated counselors.	The Health Services Quality Assurance (HSQA) program at the Department of Health will ensure that agencies, facilities, federally recognized Indian Tribes within the State, and counties are informed and provided the opportunity to give feedback regarding any rule changes that are being considered that impact the agency affiliated counselor scope of practice and/or credentialing requirements.
<b>BH—Workforce Training</b> Improve access to cultural competency training for continuing education hours for behavioral health professionals.	<p>By July 1, 2013, HSQA will conduct an analysis of rules and identify which behavioral health profession programs currently do not accept cultural competency training and providers of this training for meeting continuing education requirements.</p> <p>By December 31, 2013, those HSQA behavioral health profession programs that do not currently accept cultural competency training and providers of this training for meeting continuing education requirements will consider modifying rules to recognize this training and the training providers.</p>

<sup>2</sup> Recommendations are abbreviated—for the full recommendations’ language, see the [2012 State Policy Action Plan to Eliminate Health Disparities](#).

<sup>3</sup> BH: Behavioral Health

<p><b>BH—Data</b> Ensure behavioral health data are disaggregated to the finest subpopulation level possible.</p>	<p>In the 2013 legislative session, ESHB 1519 “An Act Related to Establishing Accountability Measures for Service Coordination,” passed both houses and was signed into Law by Governor Inslee. This legislation requires the Health Care Authority (HCA) and Department of Social and Health Services (DSHS) to develop performance measures and outcomes to incorporate into contracts with service coordination organizations including Regional Support Network contract mental health programs, county contracted chemical dependency providers, Medicaid Managed Care Organizations and Area Agencies on Aging. The legislation requires reductions in population level health disparities and the identification of programs effective with ethnically diverse clients. A report will be due to Legislature in December of 2014.</p> <p>DSHS is currently able to measure disparity related demographic dimensions, but resources have not been available to routinely disseminate these data.</p>
<p><b>BH—Qualified Health Homes</b> Ensure Tribal, urban Indian, and community-based organizations can be part of qualified health homes.</p>	<p>The first Qualified Health Homes are being implemented using a “phase-in” approach that will eventually be statewide. The organizations contracted to provide care coordination under health homes may include Tribes, urban Indian health organizations, community-based organizations and school-based health centers, but it is too early in the process to know exactly which organizations will indicate an interest in contracting.</p>
<p><b>BH—Culturally Competent Care</b> Incentivize culturally competent care coordination and other supports and services that promote engagement and positive health.</p>	<p>Payment models have been developed to incentivize high quality service delivery and care coordination. Inclusive in the models being developed is the expectation that care coordination will be based on informed interventions that recognize and are tailored for the medical, social, economic, behavioral health, functional impairment, cultural, and environmental factors impacting health and health care choices. Elements of the models include: wellness and prevention education specific to the individual’s chronic conditions, assessment of need and facilitation of receipt of routine preventive care, support for improving social connections to community networks, and linking individuals with resources that support a health promoting lifestyle and recognizing and applying cultural norms when creating Health Action Plans. Expected linkages may include but not be limited to resources for smoking prevention and cessation, substance use disorder prevention, nutritional counseling, obesity reduction and prevention, increasing physical activity, disease specific or chronic care management self-help resources, and other services, such as housing, based on individual needs, and preferences. Models are in development and being negotiated with CMS.</p>

<p><b>BH—Access and Engagement</b>          Ensure Tribal, urban Indian, and community-based organizations can serve as navigators. Ensuring any mandated evidence-based practices allow for flexibility and adaptation.</p>	<p>The Health Disparities Council submitted a letter to the Health Benefit Exchange Board encouraging the Board to ensure meaningful language access to the Exchange and its services. The letter also asked the Board to ensure community-based organizations, tribes, and urban Indian health organizations are eligible to serve as navigators. The Exchange Board has since released a fact sheet called, “Meeting the Needs of Washington’s Diverse Populations”, which outlines processes to ensure the Exchange meets the cultural and linguistic needs of diverse communities. In March 2013, the Exchange issued a Request for Proposal to solicit applications from organizations around the state to serve as In-Person Assister Lead Organizations. On June 5, the Exchange announced that ten organizations, including public health agencies, coalitions, regional health networks, and other community organizations, were chosen statewide. The lead organizations will oversee networks of partners including coalitions, cultural centers, clinics and other community resources. Most have expertise working with and conducting outreach and enrollment support for hard-to-reach populations. The Exchange released its Request for Proposals for the Tribal-Assister Program on April 5, 2013.</p> <p>The Health Disparities Council received an update on the implementation of HB 2536 “Concerning the Use of Evidence-based Practices for the Delivery of Services to Children and Juveniles” on December 6, 2012. Members provided guidance on the need to ensure promising practices be considered and that practices allow for flexibility and cultural adaptation.</p>
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<p><b>EEH<sup>4</sup>—EJ<sup>5</sup> Institutional Awareness and Diversity</b>          Ensure agency staff diversity and cultural competency</p>	<p>Department of Ecology is planning to convene an interagency environmental justice network – <i>planning for Summer 2013</i>. The agency is considering whether the interagency environmental justice network could serve as the appropriate forum for promoting best practices and training – <i>currently under consideration</i>. Ecology is also participating in the Global Reporting Initiative to measure and report their economic, environmental, and social performance. A number of the indicators used in the GRI align closely with the Council’s environmental exposures and hazards recommendations. In addition, the agency is planning to partner with US Environmental Protection Agency to develop a map of high impact communities – <i>planning for Fall 2013</i>.</p> <p>The Department of Health’s Office of Healthy Communities plans to work with the human resources office on writing job descriptions that include measurable actions to promote health equity in staff job responsibilities and providing support for supervisors to help staff meet those responsibilities. The Office provides new staff orientation on health equity twice a year and a tailored skills-building training on health equity is offered every 2-3 months. At the agency level, the Department of Health is creating a one-day new staff orientation that includes a health equity component.</p> <p>The State Board of Health’s Strategic Plan includes a goal to reduce health disparities, which includes a strategy to assure the cultural competence of the Board and its staff. Cultural competency training and government-to-government training are mandatory for all Board staff. In addition, the Board has taken steps to include cultural competency in employee’s annual performance and development planning.</p> <p>The Department of Social and Health Services (in partnership with the Health Care Authority) developed cultural competence guidelines, a policy, a model, and a planning guide for the Department. HCA will utilize resources from the partnership as a foundation for future cultural competence efforts.</p> <p>HCA provides a Government-to-Government training and a diversity training module, titled “The Reason Why Diversity matters” is mandated for all HCA staff.</p>
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<sup>4</sup> EEH: Environmental Exposures and Hazards

<sup>5</sup> EJ: Environmental Justice



<p><b>EEH—EJ Service Equity, Accountability, and Metrics</b>          Ensure equity is considered in the delivery of services, agency plans, programs, policies, and budget decisions. Ensure data are collected to track disparities. Formalize processes for investigating environmental justice issues. Reconvene an environmental justice workgroup.</p>	<p>Department of Ecology is partnering with the US Environmental Protection Agency to consider adding language in their performance partnership agreement (intergovernmental memorandum of understanding) regarding identifying appropriate measures and baseline indicators for tracking disparate impacts and progress towards reducing disparities.</p> <p>Department of Health and its Office of Healthy Communities address health equity in strategic planning. Health equity is also addressed in the Department’s <i>Statewide Agenda for Change</i> and the <i>State Healthy Communities Plan</i>. The Department has recently developed an Equity Impact Review Guide to proactively assess program and policy decisions on potential impacts on equity. Department staff is currently identifying opportunities to pilot test the guide. Its Office of Health Communities consistently requires the inclusion of health equity in its grant proposals, and similarly ensures health equity is included in its requests for proposals and community grants.</p> <p>The State Board of Health’s Strategic Plan includes a goal to reduce health disparities with a strategy to intentionally consider health equity in all reports. The Board’s recent State Health Report included an essay from the Council that focused on health equity and reducing health disparities. In its strategic plan update, the Board indicated it would identify opportunities to pilot the Department of Health’s Equity Impact Review Guide.</p> <p>Washington State Department of Agriculture’s Food Assistance Programs support innovative delivery methods to reach more families in need. To expand reach to remote locations and home-bound seniors, local partners use mobile food bank programs that bring groceries and meals to the home. Many food banks have launched school backpack programs so students go home from school with bags filled with kid-friendly foods. These efforts meet a child’s nutritional needs and help improve educational outcomes. Food Assistance Programs work to improve food bank clients’ access to healthier food choices in their local communities, including low-sodium and low-fat foods, fresh and frozen fruits and vegetables, and high-protein foods like meat and eggs.</p> <p>The Health Care Authority is exploring the best approach to collect reliable race/ethnicity data for Medicaid enrollees. The HCA has partnered with the Puget Sound Health Alliance to collect and stratify Medicaid data by race/ethnicity and language; convene providers to address disparities in diabetes care, and raise awareness of disparities with purchasers.</p>
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<p><b>EEH—Community Capacity Building and Involvement</b>  Provide community outreach, training, technical assistance. Ensure community engagement in agency decision making. Strengthen Tribal consultation. Dedicate funds to assist communities with environmental justice concerns.</p>	<p>Department of Ecology is partnering with the US Environmental Protection Agency to consider adding language in their performance partnership agreement (intergovernmental memorandum of understanding) regarding providing outreach, training, and technical assistance to high risk and overburdened communities (e.g., information about environmental justice, grant writing, data access and analysis, and community mobilization and advocacy).</p> <p>The Commission on Hispanic Affairs is providing an opportunity for State agencies to partner with CHA to produce Spanish radio segments and Public Service Announcements for Spanish language radio stations in Washington. The goal of the program is to strengthen connections with agencies and the Spanish speaking community by highlighting the work of the agencies. The Department of Ecology is currently committed to four half-hour interviews on the radio program, with the possible topics including air quality, vehicle leaks, E-Cycling, and household hazardous waste disposal</p> <p>Department of Health’s Tribal Liaison is currently drafting a consultation and guidance document. The document will undergo review by the agency and the American Indian Health Commission before being finalized and adopted by the agency.</p> <p>An example of an agency’s community engagement strategy is the Department of Commerce’s WorkFirst Local Planning Area Partnerships (LPAs). LPAs include representatives from local and state agencies, community and technical colleges, nonprofit organizations, tribes, contractors, faith-based organizations, businesses, school districts, housing authorities, health care providers and other partners. LPAs serve as forums for coordinating the development and delivery of services and activities to help WorkFirst families become more stable, prepare for employment, and go to work.</p> <p>The Department of Commerce and Department of Social and Health Services are working in partnership on a Family Housing Initiative to create a plan to address homelessness among Washington children. The goal of the Initiative is to reduce homelessness for families with children who are unsheltered or living in shelters and motels by an additional 50% by 2015.</p> <p>The Commission on Asian Pacific American Affairs convened a panel of local, state, and federal environmental agency representatives to discuss how these entities work to address the concerns and needs of Asian Pacific Americans. Presentation topics included fish consumption rates in Washington, air quality challenges, and providing effective outreach to the API community. The Commission provided opportunity for public comment during the meeting. This allowed for members of the Asian and Pacific Islander communities to learn about the issues and provide feedback during a Commission board meeting.</p> <p>The Commission on African American Affairs convened a forum on justice and corrections issues during a Commission</p>
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	<p>board meeting. The meeting provided an opportunity for the African American community, including youth, to provide testimony on issues related to disproportionality in the justice and juvenile justice systems.</p> <p>Washington State Department of Agriculture’s Farm Worker Education program provides trainings in both English and Spanish to farm workers to learn how to protect themselves, their fellow employees and their families from pesticides. WSDA established an Agricultural Community Liaison within its policy office that directly impacts the application, development, and determination of policies that create connections and foster a collaborative environment with agricultural communities and with their customers to increase the success of Washington agriculture.</p> <p>WSDA works in partnership with Tribes in five areas: (1) management of food safety, animal health, and pesticide and dairy nutrient regulatory programs; (2) assistance to develop domestic and international markets for farm products; (3) support of sustainable rural communities, agriculture, and natural resources through outreach, education, and technical assistance; (4) providing emergency food assistance to low-income and vulnerable individuals; and (5) cooperative efforts to manage and eliminate invasive species.</p> <p>The Health Care Authority has a dedicated Health Disparities Specialist to ensure health equity, improve quality, and eliminate health disparities for low-income, racial/ethnic, and vulnerable residents. The Health Disparities Specialist works in a leadership capacity with internal and external stakeholders and community partners to increase awareness of health equity, health disparities, and to work cooperatively to eliminate them.</p> <p>The HCA provides spoken and sign language interpreter services to HCA contracted health care providers to support providers in meeting their requirement to offer and provide interpreter services to individuals with limited English proficiency or who are deaf, deaf-blind, or hard of hearing.</p> <p>The HCA’s Tribal consultation policy includes the goals to increase access to state-financed health care coverage, address health equity issues in Indian Country, increase health resources for Tribes, and to keep Tribes aware of legislative and budget changes to the Medicaid and state health programs, among others. For each program change that requires a State Plan Amendment, Tribal chairs and health programs are sent letters identifying changes and possible impacts on Tribal programs. The agency also has regular communication with the DSHS Indian Policy Advisory Committee and the American Indian Health commission.</p>
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<p><b>EEH—Precautionary Approach</b> Ensure a precautionary, prevention-oriented approach to environmental contaminants. Take actions and set tangible goals for reducing harmful environmental exposures. Prioritize children’s health and development.</p>	<p>Department of Ecology is in the process of developing guidance for assessing alternatives to chemicals of concern. The purpose of the guidance is to give Ecology better tools to help businesses, especially small and medium sized businesses, and make better informed choices about the chemicals they use in their products and manufacturing processes – <i>currently under development</i>.</p> <p>Department of Ecology is committed to using products and practices in and around the workplace that promote the health of the environment and the people that work in the agency’s buildings. This includes sourcing products that are the least toxic (e.g., carpets, paints, cleaners), and reducing the use of potentially harmful chemicals (e.g., non-chemical weed control). Ecology has internal policies guiding these practices, including a Sustainability Policy and an Integrated Pest Management Policy.</p> <p>The Washington State Department of Agriculture’s Organic Food Program protects consumers and supports the organic food industry by ensuring the integrity of organic food products. The Program certifies organic producers and handlers in Washington State in accordance with US National Organic Standards and international market requirements. In addition to organic certification, the Organic Food Program reviews and registers input materials for use in organic production.</p>
<p><b>Poverty—Early Learning</b> Create capacity for bilingual/bicultural early learning programs. Promote cultural competency training for early learning professionals.</p>	<p>The Department of Early learning recently added family home child care licensing orientation videos to its website. These videos are available in English, Russian, Somali, Spanish and Vietnamese.</p> <p>To date, the Department of Early Learning has provided 34 cultural competency trainings statewide, reaching an estimated 500 early learning professionals. To date, 304 state-approved trainers have access to cultural competency training focused on creating training that is culturally responsive and facilitating training to meet the needs of all participants.</p>
<p><b>Poverty – Rural Healthcare</b> Support the strategies in the 2012 Rural Health Care Strategic Plan for Washington State</p>	<p>Health Disparities Council’s action plan was disseminated to the Legislature on January 14, 2013. Council staff shared the recommendation with Department of Health Office of Rural Health program. Council staff met with Washington State Hospital Association staff involved in the strategic plan development to share information about the Council and its recommendation. WSHA staff will share implementation updates and present on implementation in rural communities at future meetings.</p>

<p><b>Poverty—Healthy Foods in Diverse Communities</b>  Convene the Food System Roundtable. Ensure diverse community input into the 25 year vision.</p>	<p>The Department of Health and the Department of Social and Health Services in collaboration with the Department of Agriculture, Office of Superintendent of Public Instruction and the Washington State Conservation Commission convened the Food System Roundtable on January 8, 2013. At that meeting, the group discussed membership needs and overall goals for the Roundtable. It was decided that a workgroup should be established to formalize the Roundtable by drafting a charter. Special emphasis on diverse, tiered membership and guiding principles were discussed, agreed upon, and woven into the draft charter by the Workgroup. After meeting several times, the Workgroup presented the draft charter to the Roundtable on March 22, 2013. It was well received, especially the guiding principles, which included “A belief in social justice and health equity values.” But due to the complexity of issues and perspectives, the Roundtable recommended further revisions. The workgroup is planning on consulting field experts as they revise and finalize the Roundtable Charter. The charter will be shared with the Roundtable in July 2013.</p>
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## ADDITIONAL COUNCIL ACTIVITIES

### ***Fostering Communication, Coordination, and Collaboration***

The Council has the responsibility under Subsection 2 of RCW 43.20.275 to:

*“...promote and facilitate communication, coordination, and collaboration among relevant state agencies and communities of color; and the private and public sector, to address health disparities.”*

Much of this work is accomplished through the Council’s State Partnership Grant from the federal Office of Minority Health at the Department of Health and Human Services. In 2007, the Council applied for and was awarded a three year State Partnership Grant—a second three-year grant was reissued through a competitive process in 2010.

Through its State Partnership Grant, the Council supports a Community Relations Liaison, whose primary responsibilities are to connect with communities affected by health disparities and other stakeholders to share information about the Council and seek input and encourage engagement into the Council’s work. The Council’s Community Relations Liaison works closely with the commissions on African American Affairs, Asian Pacific American Affairs, Hispanic Affairs, and the American Indian Health Commission to advance health equity initiatives by addressing specific health issues impacting each community. Following, are a selection of events and activities over the past year.

- The Council sponsored health presentations targeting the Filipino and Native Hawaiian and Pacific Islander communities, as well as general health information for all Asian and Pacific Islanders, at Commission on Asian Pacific American Affairs Board meetings. These presentations supported the Commission’s health disparities initiative.
- We worked with the Asian Pacific Cultural Center to sponsor its second annual Native Hawaiian and Pacific Islander Health and Fitness Day, entitled “Move It”. More than 500 people attended, included many children and youth. Samoan and other Pacific Islander community leaders and role models attended and shared information about physical fitness and healthy eating with the community.
- In collaboration with the Chinese Information and Service Center, the Council sponsored and attended two health fairs for the Chinese and Vietnamese communities. Community members in attendance were able to obtain health information in their primary language, including information on new health benefits through health reform, as well as health screenings and referrals.
- The Council worked with the Commission on African American Affairs, the University of Washington Health Promotion and Research Center, and the Central Area Senior Center to sponsor a health information breakfast for African American seniors.

- Along with the Commission on African American Affairs, the council supported the annual Youth Leadership Summit for African American high school students—summit presentations focused on teen pregnancy prevention, self-expression, technology, and STEM education.
- The Council sponsored and provided health information at Kidney Fest, Juneteenth Festival, and Festival Sundiata, in collaboration with the Commission on African American Affairs.
- The Council worked with the Commission on African American Affairs and local partners to sponsor community health forums on nutrition, weight management, and obesity prevention.
- The Council’s Community Relations Liaison participates on the planning committee for the Latino Family Health and Safety Fairs. Every year, this group coordinates between 18-24 health and safety fairs targeting the Hispanic/Latino population across the state. Fairs provide local community members with health information in their own language as well as health screenings and referrals.
- In collaboration with a variety of partners, the Council participated in and promoted the Latino Health forum and two Latino Healthy Symposiums in Seattle and Yakima.
- In partnership with the Commission on Hispanic Affairs and representatives from the University of Washington, Fred Hutchinson Cancer Research Center, and Group Health, the Council’s Community Relations Liaison worked to support a mentorship program for Hispanic/Latino health sciences students.
- The Council participated in the Society for the Advancement of Chicanos and Native Americans in Sciences (SACNAS) National Conference.
- The Council has continued to support the American Indian Health Commission and their efforts to integrate health disparities into their strategic planning efforts.
- The Council’s Community relation Liaison participated in the conference “Leveraging Culture to Address Health Inequalities: Examples from Native Communities” hosted by the Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities.
- The Council promoted and supported the Chehalis Tribal Wellness Center health fair “Walking with you on your path to Wellness” hosted at the Chehalis Tribal Community Center.

The Council and its staff also give presentations, share expertise, and provide technical assistance to a variety of organizations working to promote health equity and reduce

disparities. As just one example, the Council’s Community Relations Liaison provided a presentation about how culture and values affect health at an event sponsored by the City of Bellevue.

Through the State Partnership Grant, the Council also facilitates a Community Outreach Roundtable and an Interagency Limited English Proficiency (LEP) Workgroup. Both groups include representatives from state agencies and serve as forums for the sharing of best practices and leveraging of resources. The Community Outreach Roundtable’s focus is to improve outreach to and engagement of diverse communities in state agency programs. During Community Outreach Roundtable meetings, representatives from the racial/ethnic commissions and local community-based organizations share challenges, successes, and lessons learned regarding providing effective outreach to communities of color. The focus of the Interagency LEP Workgroup is improving access to state agency information and services for people with limited English proficiency.

### ***Linkages with Other State and National Health Disparities Efforts***

The Council is dedicated to working collaboratively with other entities within Washington State to improve health equity for Washingtonians. In addition, the Council has been actively involved in contributing toward national health disparities reduction efforts.

The Council is a member of the National Association of State Offices of Minority Health (NASOMH), which is an affiliate of the Association of State and Territorial Health Officers. NASOMH is an organization dedicated to protecting and promoting the health and well-being of communities of color and Tribal organizations and nations. Council staff serves on the NASOMH of Directors representing Region X. One objective of NASOMH is to communicate, document, and champion best practices at the state level in eliminating health disparities. Through its partnership with NASOMH, the Council remains informed about activities in other states to eliminate racial and ethnic health disparities so that it can more effectively complete its work.

The Office of Minority Health at the U.S. Department of Health and Human Services has a National Partnership for Action (NPA) to Eliminate Health Disparities initiative. As a recipient of an OMH State Partnership grant and through its affiliation with NASOMH, the Council is a member of the NPA. A current focus of the NPA is health reform implementation. Regional Health Equity Councils were created through the NPA, and several Council members serve on the regional council.

## **NEXT STEPS FOR THE COUNCIL**

The Council is currently working, in collaboration with its member agencies and community partners to identify new health priorities. As it has in the past, it will convene diverse advisory committees made up of public, private, and community representatives around each of its priority health topics to identify recommendations for eliminating health disparities. Those recommendations will be incorporated into future updates of the Council’s *State Policy Action Plan to Eliminate Health Disparities*.