HEALTH EQUITY
Governor's Interagency Council on Health Disparities

December 2013 Update

State Action Plan to Eliminate Health Disparities

Contents

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Governor's Interagency Council on Health Disparities
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INTRODUCTION

In accordance with RCW 43.20.280 the Governor's Interagency Council on Health Disparities (Council) is required to create an action plan to eliminate health disparities by race/ethnicity and gender and to update the plan biannually.

The Council submitted its first action plan in June 2010—that plan focused on education, health insurance coverage, healthcare workforce diversity, 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 December 2012, the Council submitted a second action plan, which focused on behavioral health, environmental exposures and hazards, and poverty. The Council's aim with its 2012 action plan was to deliver recommendations that state agencies and their partners could take steps toward implementing immediately with existing resources. It then submitted a June 2013 Update, which shared progress toward implementing all of the recommendations in the 2012 action plan.

All reports are available on the Council's Web site:

HealthEquity.wa.gov

The purpose of this December 2013 Update is to provide information on the Council's newest priority—the implementation of the National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare. This report also highlights Health Impact Review work and provides status updates on selected recommendations from the 2012 action plan where substantial progress has been made.

NATIONAL CLAS STANDARDS

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS standards) are a comprehensive set of guidelines that inform and facilitate the provision of culturally and linguistically appropriate services. The goals of the standards are to advance health equity, improve quality of services, and work toward the elimination of health disparities. While the target audiences for the standards are organizations providing health or healthcare services, the standards can be implemented by any entity wishing to provide services that are responsive to the diverse cultural, language, literacy, and other needs of the populations it serves.

The CLAS standards were first developed by the U.S. Department of Health and Human Services Office of Minority Health in 2000. In April 2013, the agency released the newly enhanced CLAS standards, which apply to a broader audience and which include expanded conceptualizations of culture and health. Box 1 provides a list of the 15 standards.

Box 1: Enhanced National CLAS Standards
Principal Standard
1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
Governance, Leadership, and Workforce
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources. 3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area. 4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
Communication and Language Assistance
5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services. 6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. 7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. 8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
Engagement, Continuous Improvement, and Accountability
9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations. 10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities. 11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery. 12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area. 13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness. 14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints. 15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Over the years, the Council has recognized the need for language assistance and culturally competent services to improve the health of Washington's diverse communities and to work toward the elimination of health disparities. The Council has adopted the state system and its potential impacts on health disparities as a priority health issue and has focused on language access to state government services. Issues around workforce diversity, cultural competence, and language access have been reoccurring themes in the Council's recommendations since it submitted its first action plan in 2010. Moreover, the Council has direct authority as described in RCW 43.20.275 to "…assess through public hearings, review of existing data, and other means, and recommend initiatives for improving the availability of culturally appropriate health literature and interpretive services within public and private health-related agencies."

Most recently, the Council has initiated the following two actions in an effort to obtain dedicated resources to work toward the adoption of the CLAS standards in Washington state:

- The Council applied for and successfully received a grant from the U.S. Department of Health and Human Services Office of Minority Health. The funding, which began on September 1, 2013, is for a two year project from the Office of Minority Health's State Partnership Program to Improve Minority Health. Through the grant project, the Council will provide resources, information, training, and technical assistance on the CLAS standards to state agencies and health and healthcare organizations interested in developing and implementing organizational CLAS policies and practices.

- At its September 11, 2013 meeting, the Council approved a motion to adopt the implementation of the CLAS standards as a new priority. The agencies participating on the Council agreed to implement the standards in their agencies and report back on progress over time.

HEALTH IMPACT REVIEWS

According to RCW 43.20.285, the State Board of Health must conduct health impact reviews in collaboration with the Council. A health impact review is an analysis of how a proposed legislative or budgetary change will likely impact health and health disparities in Washington. It provides objective information that policy makers can use when deciding whether to proceed with a proposal, or to make changes to the proposal to mitigate the harms, maximize the health benefits, and potentially reduce costs.

Many proposals may directly impact health or the factors that influence health such as where we live, learn, work, and play. Therefore, health impact reviews can be requested for any proposal, even those that may not seem to directly relate to health, such as proposals that impact education, transportation, the environment, housing, and income.

More information on Health Impact Reviews, including how to request a review and copies of completed reviews, is available on the State Board of Health's Web site:

http://sboh.wa.gov/OurWork/HealthImpactReviews.aspx

Staff complete reviews within 10 days of request during legislative session and during the interim, staff will work with the requester to determine a timely and feasible completion date. Only the Governor or a member of the Legislature can request a health impact review.

To date, the State Board of Health has completed health impact reviews of both policy and budget proposals and covered topics ranging from education, language access, financial development, and cuts to health and social services. Due to budget constraints health impact review funds were suspended from 2009-2013. Funding was restored in the 2013-2015 biennial operating budget. The State Board of Health has recently hired a health policy analyst to complete health impact reviews and at the time of this writing, the Board has received one request to review SHB 1680 –Relating to closing the educational opportunity gap.

IMPLEMENTATION OF 2012 ACTION PLAN RECOMMENDATIONS

Health disparities faced by communities of color were first documented in 1985 when the U.S. Department of Health and Human Services released its "*Report of the Secretary's Task Force on Black and Minority Health*." Nearly three decades later, disparities still persist nationally and in Washington state. The Council recognizes that the elimination of health disparities is a huge challenge that requires broad collaboration across multiple sectors, both public and private. No one entity or intervention can take on the challenge alone. The Council's interagency structure, which includes state agencies, racial/ethnic commissions and consumer representatives, allows for the kind of collective action that is needed if health equity is to be achieved.

In developing the recommendations in its 2012 action plan, the Council focused on tangible activities that could be implemented by state agencies and its partners using existing resources. Collectively, actions being taken to implement the recommendations move the state in the right direction toward reducing health disparities. Much more work remains, but the Council is pleased to be able to document current steps that are being taken.

This section provides updates on the implementation of the 2012 recommendations. The Council created measures to systematically track implementation of its environmental exposures and hazards recommendations, which were focused on ensuring environmental justice, promoting community involvement, and reducing the use of potentially harmful chemicals (see Table 1). The status of each measure was self-reported by agency representatives and interpretation and degree of implementation may vary across agencies. While the measures may be imprecise, they provide a general picture of implementation and allow for progress to be tracked over time. Table 2 provides selected highlights of current and planned work toward implementing the behavioral health and poverty recommendations. In addition, the Council continues to follow related efforts, such as the State Health Care Innovation Planning activities, to ensure health equity provisions are incorporated.

Table 1: Measures for Tracking Environmental Exposures and Hazards Recommendations									
Measures[1]	Board of Health	Dept. of Agriculture	Dept. of Commerce	Dept. of Early Learning	Dept. of Ecology	Dept. of Health	Dept. of Social and Health Services	Health Care Authority	Workforce Training and Education Coord. Board
Institutional Awareness and Diversity									
Requires cultural competency and/or diversity training for all staff.[2]	●	●	●	◌	●	●	◐	◐	●
Requires government-to-government training for all staff.[3]	●	◐	◐	◌	◌	●	●	◐	◐
Includes objectives, strategies, and performance measures in its strategic plan to increase staff and management diversity.[4]	◌	◐	●	◐	◐	●	◐	◐	●
Service Equity, Accountability, and Metrics									
Collects and analyzes demographic data such as race/ethnicity, gender, language, disability status, etc. of individuals receiving agency services or who are impacted by agency actions.	◐	◐	◐	●	◐	●	●	◐	●
Includes objectives, strategies, and performance measures in its strategic plan to promote equity and/or reduce disparities in service delivery and outcomes.[5]	●	◐	◐	●	◐	●	●	◐	●
Community Capacity Building and Involvement									
Employs a dedicated community ombudsperson – an agency point of contact who works to ensure affected communities are informed and engaged in agency decision-making.[6]	◐	●	●	●	◌	◐	◌	◐	◐
Provides comprehensive language assistance services, including having a written agency language access policy and plan/guidance.	◐	●	◌	●	◐	◐	●	●	◐
Employs a designated Tribal Liaison and has a written tribal consultation policy and plan/guidance.	●	◐	◐	●	●	●	●	●	◌
Reducing/Eliminating Harmful Environmental Exposures									
Has a policy and plan/guidance for Environmentally Preferably Purchasing (EPP) that includes green products and services (e.g., cleaning products, construction materials, electronics, landscaping practices, office supplies).	●	◐	◐	●	●	●	●	●	●
Prioritizes reducing, reusing, and recycling at the office to help conserve energy and reduce pollution and greenhouse gas emissions.	●	●	●	●	●	●	●	●	●

Key: ◌ = My agency does not do this yet

◐ = My agency is taking steps to implement this or is implementing this in some offices/divisions

● = My agency is doing this

[1] *Office of Superintendent of Public Instruction responses are currently under review*

[2] *DEL provides cultural competency training for early learning professionals as part of Early Achievers (quality rating and improvement system)*

[3] *Ecology builds this training into the training plan for key positions that work with Tribes or on Tribal issues.*

[4] *WSDA is evaluating and updating its strategic plan. DEL is incorporating this in its human resources policies and procedures.*

[5] *WSDA is evaluating and updating its strategic plan.*

[6] *DSHS is a large agency and provides multiple points of contact across administrations. Ecology maintains numerous programmatic positions that are dedicated to public outreach and meaningful community involvement.*

Table 2: Implementation Status of Select 2012 Recommendations	
Recommendation	**Status**
Behavioral Health—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.	Washington received its charter from National HOSA - future health professionals. HOSA is a national student organization. Its mission is to promote career opportunities in the health care industry and to enhance the delivery of quality health care to all people. HOSA provides a unique program of leadership development for students enrolled in health services education programs. Washington HOSA is an integral part of the Health Career Programs. The State Student Leadership Team is a diverse group of students who are taking a leadership role in creating Washington HOSA. Currently, the Student Leadership Team is organizing the State Leadership Conference to be held at the Yakima Valley Technical Skills Center on March 22, 2014.
Behavioral Health - 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.	The Department of Health has not engaged in rulemaking related to agency affiliated counselor scope or practice or credentialing requirements. The Department values input from stakeholders and will invite agencies, facilities and Indian Tribes to participate in any future rule making activities.
Behavioral Health - Provider Training 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.	The Health Services Quality Assurance Division at the Department of Health reviewed behavioral health professional program rules. The review shows cultural competency is accepted continuing education for behavioral health professionals. Due to the rules moratorium, the Department has not been able to amend rules to promote cultural competency training or recognize training providers. The Department will consider amending continuing education rules during future rule reviews to specifically promote cultural competency.
Behavioral Health – 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.	The Department of Social and Health Services has implemented health homes in all areas of the state with the exception of King and Snohomish Counties for both Medicaid and Medicare/Medicaid (duals) beneficiaries who meet the high risk/cost eligibility. Duals in those two counties will participate in a fully capitated managed care demonstration instead of the health home model. Tribes, urban Indian and community based organizations have been provided information on how to participate in Health Homes. Individual meetings to provide more detailed information are ongoing.

Behavioral Health - 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.	The Department of Social and Health Services has updated Health Plan contract language to incentivize high quality service delivery and care coordination including cultural and linguistic competence in Health Action Planning. Additional emphasis has been placed on coordinating routine preventive care, community services and networks, and promoting healthy life choices.
Behavioral Health - 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.	In March 2013, the Washington Health Benefit Exchange solicited proposals 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. Additional in-person assistor organizations have been chosen to help serve tribes, coalitions of tribes, and/or tribal/tribe-affiliated organizations to provide in-person assistance for tribal members who need help comparing and enrolling in Qualified Health Plans. These include: Colville Confederated Tribes on the Colville Reservation, Lummi Nation, Suquamish Tribe, South Puget Intertribal Planning Agency, and The NATIVE Project in Spokane.
Poverty – Rural Health The Legislature should support the strategies in the 2012 Rural Health Care Strategic Plan for Washington State	The Council received a presentation on the Essential Care, Everywhere Initiative of the Washington State Hospital Association, which aims to protect the rural health care system and highlight rural health successes. He shared videos of how rural hospitals are working with communities to implement the principles in the Rural Health Care Strategic Plan to improve the health of the communities they serve.

COUNCIL MEMBERSHIP

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 2. The interagency structure of the Council allows it to have a statewide and broad approach to addressing health disparities. The Council considers not only health and healthcare issues, but also the social factors that influence health, such as education, poverty, employment, and the environment.

Box 2: Governor's Interagency Council on Health Disparities Membership	
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:	Kameka Brown
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[1]:	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:	Nova Gattman

[1] The Governor's Office of Indian Affairs delegated authority to the American Indian Health Commission to appoint a representative to the Council.