Toward a State Action Plan to *Eliminate Health Disparities*

2009 Progress Report

Governor's Interagency Council on Health Disparities

STATE OF WASHINGTON
GOVERNOR'S INTERAGENCY COUNCIL ON HEALTH DISPARITIES
Washington State Board of Health
PO Box 47990 • Olympia, Washington 98504-7990

January 15, 2009

To Governor Gregoire and Members of the Legislature:

Last year was both productive and rewarding for the Council as we continued our work to create a state action plan to eliminate health disparities. In 2008, we made community outreach and engagement a priority and these efforts have paid off. More and more individuals and organizations across the state know about the Council and recognize it as both a resource for information and an avenue for input into the policymaking process to improve the health and well-being of communities of color. Communities have been eager to share their input with the Council, and in return, the Council placed additional weight on that input when prioritizing and selecting its priorities for the action plan.

Perhaps even more valuable has been their stories. The Council heard the story of a community health worker who struggles to help her clients with diabetes maintain proper blood sugar levels when they can't afford the test strips to monitor regularly. We heard about some unique challenges that Vietnamese families have faced while interacting with their children's schools. We've also heard about problems that so many individuals have in communicating with their health care providers. These are just examples of the many stories we have heard about barriers to health that communities face, as well as successes and suggestions to improve their health and lives. These stories serve as useful information to guide this Council in its work, reinforce the need for this work, and keep us all motivated as we continue to work toward more equitable health and healthcare in Washington State.

This Council remains on track to begin establishing advisory committees to craft recommendations around the top five priority health areas early in 2009. As previously reported, we had hoped to complete the Council's legislatively required action plan by 2010. Given resource constraints, the Council will likely have to extend this timeline, but it is still hopeful that it can complete its work prior to the 2012 deadline specified in the original legislation.

We thank you for your ongoing support and commitment to this important work.

Sincerely,

Vickie Ybarra, RN, MPH
Chair

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Adopted by the Governor's Interagency Council on Health Disparities on September 25, 2008.

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I. EXECUTIVE SUMMARY

The Governor's Interagency Council on Health Disparities is responsible for creating an action plan to eliminate health disparities by race/ethnicity and sex. This report describes the Council's progress toward creating the plan and highlights other activities that the Council has initiated or participated in to improve the health and well-being of Washington's diverse communities.

State Action Plan Progress

During 2008, the Council completed the second phase of its prioritization process, identifying the five areas that it will address in the state action plan. The five priorities include three social determinants of health—education, health insurance coverage, and healthcare workforce diversity—and two health conditions—diabetes and overweight/obesity.

Council Priorities:

Education
Health Insurance Coverage
Healthcare Workforce Diversity
Diabetes
Overweight/Obesity

The Council collected information on activities and programs in the state to reduce disparities for the health topics that were under consideration. Interviews with people working on those programs provided critical insight into where gaps remain and where the Council could most readily add value and further the work already taking place. The Council also collected input from communities of color to learn about the health topics that were of most concern to the community members and what they believed the Council should focus on in its action plan. Finally, the Council revisited the criteria that were used in the first prioritization phase, the magnitude of the problem, the severity of the problem, and the level of disparity. The Council is confident that its prioritization process resulted in the selection of five priorities that are of significant public health concern as well as of considerable concern for the affected communities. Moreover, opportunities are readily available for the Council to lend support through recommendations for policy and program changes at a statewide level.

Other Highlights

During the past year, the Council's activities centered largely around community outreach. The Council hired its Community Outreach Coordinator through a federal grant from the Office of Minority Health. The Community Outreach Coordinator met with organizations and attended meetings, forums, health fairs, and other cultural events around the state to share information about the Council and to seek input to guide its work. In addition, Council members served as presenters, panelists, and facilitators at local health equity summits and conferences. The Council's outreach efforts have extended beyond Washington State, with the Council providing input and technical assistance to guide health disparities reduction efforts in other states and at the national level.

Other highlights include convening the Community Forum on Health Equities in Tacoma, organizing an advisory workgroup to guide the creation of a multicultural communications directory, bringing together a panel of language access experts to advise the Council on recommendations regarding culturally and linguistically appropriate health literature and interpretive services, and assisting the State Board of Health with three health impact reviews.

II. INTRODUCTION

The Legislature created the Governor's Interagency Council on Health Disparities (i.e., the Council) in 2006 when it passed and the Governor signed Second Substitute Senate Bill 6197. According to resulting statutory language:

> *"The council shall consider in its deliberations and by 2012, create an action plan for eliminating health disparities."*
>
> *"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 the 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 health topic. 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 addressing health disparities and the academic achievement gap, among other activities. The 2008 progress report is available on the Council's Web site, www.HealthEquity.wa.gov.

While not a requirement in its authorizing legislation, the Council has made considerable progress during the past year and is submitting this second progress report in 2009. The purpose of this report is to detail the Council's progress toward creating the state action plan and highlight accompanying activities that the Council has initiated or participated in that contribute toward the goal of improving the health and well-being of all Washington's diverse communities.

III. ABOUT THE COUNCIL

In accordance with Section 43.20.275 of the Revised Code of Washington (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 and former Council members is provided in Box 1.

Box 1: Governor's Interagency Council on Health Disparities Membership	
Governor's Representative and Council Chair:	Vickie Ybarra, RN, MPH
Consumer Representative and Council Vice Chair:	Emma Medicine White Crow
Consumer Representative:	Gwendolyn Shepherd
Commission on African American Affairs:	Winona Hollins-Hauge, MSW, LICSW
Commission on Asian Pacific American Affairs:	Ellen Abellera
Commission on Hispanic Affairs:	Diana Lindner, MD, FAAP Lourdes Portillo Salazar (former member) Yvonne Lopez-Morton (former member)
Department of Agriculture:	Eric Hurlburt
Department of Community, Trade & Economic Development:	Annie Conant
Department of Early Learning:	Felecia Waddleton-Willis, DO
Department of Ecology:	Millie Piazza John Ridgway (alternate) Joy St. Germain (former member)
Department of Health:	Diana Anaya-McMaster, RN, MHA Sofia Aragon, JD, RN (former member)
Department of Social and Health Services:	MaryAnne Lindeblad
Governor's Office of Indian Affairs:	Danette Ives Martha Holliday (former member) Craig Bill (former member)
Health Care Authority:	Nancy Fisher, RN, MD, MPH
Office of Superintendent of Public Instruction:	Martin Mueller
State Board of Health:	Frankie T. Manning, MN, RN
Workforce Training and Education Coordinating Board:	Madeleine Thompson

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, 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

The Council has been updating its Web site to reflect input received through public input surveys that suggested many interested parities would use the Web site to obtain general information on multicultural health and health disparities. One improvement is the creation of a "News and Events" section, which posts notices and information on meetings related to health equity. In addition, the Council plans to expand its Web site with more resource material on health disparities and programs and policies to improve health equity.

IV. STATE ACTION PLAN TO ELIMINATE HEALTH DISPARITIES

Phase I Prioritization Process

The Council's 2008 progress report detailed Phase I of its process to select the five top priorities for its action plan.

In brief, the Council started with the list of 16 health topics specifically mentioned in Section 43.20.280 RCW. In recognition of its broad mandate to address the social determinants of health, and in keeping with specific language in the authorizing legislation, it then sought public input to determine whether any health topics should be added. As a result, the Council expanded its list to include 16 new health topics.

The Council then approved a prioritization process and criteria for scoring the health conditions and social determinants of health. The three criteria were: (1) the magnitude of the problem, (2) the severity of the health condition or the degree to which the social determinant of health results in adverse health outcomes, and (3) the level of disparity. The Council received briefings on these three criteria for all 32 health topics and used the information to complete the prioritization scoring.

The Council reviewed the results of its scoring and approved a motion to shorten its list of priorities to 12 health conditions and social determinants of health. As a part of their decision process, the Council wanted about half of the selected health topics to be health conditions and the other half to be social determinants of health. Box 2 provides a list of the health topics listed in RCW 43.20.280, the health topics added by the Council, and the list of 12 health topics that were selected during the prioritization process. Health topics that did not make the first list may be considered for future versions of the plan.

For more details on the first phase of the prioritization process, refer to the 2008 progress report, available on the Council's Web site:

HealthEquity.wa.gov

Phase II Prioritization Process

Upon identifying its prioritized list of 12 health topics for further consideration, the Council agreed that it wanted more information on initiatives that are ongoing in the state to address disparities in those 12 areas. The Council wanted to learn about opportunities where it could lend support and further the excellent work that was already being implemented by state and local agencies and community organizations. The Council directed staff to conduct targeted "environmental scans" to identify and document such activities.

Box 2: Health Topics Considered by the Governor's Interagency Council on Health Disparities & the Twelve Selected after the First Prioritization Phase

Health Topics Listed in RCW 43.20.280

- Asthma
- Cervical Cancer
- Diabetes
- HIV/AIDS
- Infant Mortality
- Oral Disease
- Smoking Cessation
- Stroke
- Breast Cancer
- Chronic Kidney Disease
- Heart Disease
- Immunization Rates
- Mental Health
- Prostate Cancer
- Sudden Infant Death Syndrome
- Women's Health Issues

Health Topics Added by the Council

- Access to Nutritious Food
- Colorectal Cancer
- Education
- Health Insurance Coverage
- Income
- Obesity
- Social Support Systems
- Supportive Parenting & Childcare Systems
- Access to Opportunities for Physical Activity
- Culturally & Linguistically Appropriate Healthcare
- Environmental Exposures
- Health Literacy
- Lupus
- Preventive Services Utilization
- Substance Abuse
- Workforce Diversity

Twelve Health Topics Selected During Phase I Prioritization Process

Social Determinants

- Health Workforce Diversity
- Substance Abuse
- Health Insurance Coverage
- Education
- Health Literacy
- Environmental Exposures
- Smoking Rates

Health Conditions

- Obesity
- Diabetes
- HIV/AIDS
- Chronic Kidney Disease
- Heart Disease & Stroke

To conduct the environmental scans, Council staff searched the Internet and contacted stakeholders to identify agencies and organizations that had programs or other activities in place to reduce disparities for the twelve health topics. Staff made phone calls and met with contacts in person to learn more about the various programs. In addition, each contact was asked for his or her perspective on gaps that exist at the statewide level to address the respective health topics and on opportunities where the Council could further the work already taking place in the state. Staff also received further contacts from these initial conversations. These conversations also served as outreach opportunities, as staff was able to provide information about the Council

to representatives from government agencies, community-based organizations, academic institutions, and other entities across the state.

One limitation to the targeted environmental scans is that they are not comprehensive. It is likely that there are programs and activities that were not identified, either because the organization does not have a Web site, or it has not posted information about that activity, or because others doing similar work may not be aware of the activity (e.g., the activity may be targeted for a very local community). Diligent efforts were made to identify and report a broad and diverse representation of state and local level activities.

The Council received briefings on the targeted environmental scans for health care workforce diversity, health literacy, environmental exposures, and chronic kidney disease at its February 4, 2008 meeting. At its May 25, 2008 meeting, the Council received briefings on the remaining topics: health insurance coverage, substance abuse, education, smoking rates, diabetes, heart disease and stroke, obesity, and HIV/AIDS. Council members noted that the gaps and opportunities identified by stakeholders were often the same, particularly for the chronic diseases, and focused on more upstream determinants of health.

Also at its May 25 meeting, the Council discussed and approved a set of criteria for further prioritizing the list of 12 health topics to the five that will be included in the first version of the action plan. The first criterion was Opportunities for Council Support (i.e., Readiness); the targeted environmental scan briefings were used as an information source to assess this criterion. The second criterion was Identified Community Need, which refers to public interest in the health topic, particularly from communities of color. Priority health topics identified from public input surveys and priorities identified by the American Indian Health Commission and the Commissions on African American Affairs, Asian Pacific American Affairs, and Hispanic Affairs were used as resources to assess this criterion. The third criterion was Prioritization of Need (as Identified by Data). For this criterion, the Council used the previous information on the magnitude of the problem, severity of the health condition, and level of disparity and their previous combined scores to conduct their assessment.

To strengthen the power community members have to shape the policy action plan, the Council decided to weigh the community input criteria twice as much as the other two criteria.

Phase II Prioritization Criteria:

1. Opportunities for Council Support (i.e., Readiness)
2. Identified Community Need*
3. Prioritization of Need (As Identified by Data)

* Identified Community Need was given twice the weight as the other two criteria.

The Council also approved a process for completing the second phase of the prioritization process. Council members received scoring sheets and background materials on August 15, 2008. Council members had from August 15 to September 10, 2008 to review the materials and conduct their preliminary scoring. The Council then convened via a telephone conference meeting on September 10, 2008 to discuss the process.

Following the conference call meeting, Council members completed their scoring and Council staff compiled the results. Tables 1 and 2 provide the total score, average score, standard deviation, and range of scores for the health conditions and social determinants of health, respectively. The standard deviation measures the amount of dispersion in the scores, with a lower standard deviation indicating less dispersion (i.e., the scores are clustered closely around the average score) and a higher standard deviation indicating higher dispersion.

Table 1: Prioritized List of Health Conditions

Health Condition	Total Score	Average Score	Standard Deviation	Score Range
Diabetes	264	17.6	3.2	10-20
Overweight & Obesity	256	17.1	2.9	11-20
Heart Disease & Stroke	208	13.9	4.7	4-10
HIV/AIDS	201	13.4	3.6	8-20
Chronic Kidney Disease	172	11.5	4.8	4-20

Table 2: Prioritized List of Social Determinants of Health

Social Determinant of Health	Total Score	Average Score	Standard Deviation	Score Range
Education	254	16.9	3.3	8-20
Health Insurance Coverage	252	16.8	2.3	13-20
Health Workforce Diversity	236	15.7	3.8	7-20
Substance Abuse	221	14.7	3.6	9-20
Health Literacy	209	13.9	4.0	4-20
Environmental Exposures	177	11.8	4.1	6-20
Smoking Rates	171	11.4	5.2	4-20

The Council met on September 25, 2008, reviewed the results of the scoring and approved a motion to finalize its list of the top five health topics that will be addressed in the first version of the action plan, see Box 3. Health topics that did not make the final list may be considered for future versions of the plan.

Box 3: Top Five Priorities to be Addressed in the State Action Plan

Social Determinants of Health	Health Conditions
Education	Diabetes
Health Insurance Coverage	Overweight & Obesity
Health Workforce Diversity	

Notes: The social determinants of health and health conditions are listed in rank order according to the total score received during the prioritization process.

Advisory Committees

According to subsections 4 and 5 of RCW 43.20.275:

> *"In order to assist with its work, the council shall establish advisory committees to assist in plan development for specific issues and shall include members of other state agencies and local communities."*

> *"The advisory committee shall reflect diversity in race, ethnicity, and gender."*

At its September 25, 2008 meeting, the Council reviewed and discussed a draft charter for the advisory committees, which will be convened for each of the five priority health areas. The charge of each advisory committee is to: (1) identify policy options to address inequities in the respective priority health area, (2) review and assess the merits of each option, (3) prioritize and deliver 3-4 recommendations for state policy and program actions to the Council, and (4) act as ambassadors and advocates for the action plan.

The Council has approved the following list of guiding principles to assist the advisory committees in reviewing and assessing the merits of each policy option:

- Committees should put forward a balance of community/individual level and policy/systems level recommendations.
- To the extent possible, recommendations at the community/individual level should be culturally competent, community-centered, and evidence-based.
- To the extent possible, recommendations at the policy/systems level should emphasize primary prevention, consider upstream social determinants of health, and remain within the purview of state law or agency rule.

The Council will consider the policy and program actions submitted by advisory committees in total when developing the state action plan to ensure that overall recommendations are balanced and reflect the guiding principles and the intent of the Council's authorizing legislation. Cross-cutting recommendations may be identified and presented as a separate section in the action plan.

The Council will identify and appoint individuals to sit on the advisory committees based on the following criteria:

- Membership must reflect diversity in race/ethnicity and gender.
- Membership should have geographic diversity.
- Appropriate policy-level state agency representatives should be included on each committee.

- At least 50% of each committee's membership should include individuals and members of community-based organizations representing communities of color.
- Each advisory committee should consist of no more than 15 individuals.
- Membership of each committee should have balanced expertise in public health, public policy, health disparities, the particular health topic under consideration and/or the needs, concerns, and assets of the affected communities.
- Each advisory committee must include at least one Council member.

In accordance with the Council's bylaws, each advisory committee will select a committee chair from among the Council members unless one is appointed by the Council Chair when the committee is established.

V. ADDITIONAL COUNCIL ACTIVITIES

Community Outreach Activities

In 2007, the Council applied for and was awarded a State Partnership Grant from the U.S. Department of Health and Human Services Office of Minority Health. The grant project enabled the Council to hire a Community Outreach Coordinator to increase its capacity to engage communities of color in its work, particularly in the development of its action plan to eliminate health disparities in Washington State, and to increase awareness of health disparities.

One outcome of the grant project will be a multicultural health communications directory with information about where racial/ethnic communities reside, community organizations and other trusted sources that can serve as information conduits, and specific cultural and linguistic needs of the communities. The Council has convened a workgroup to help guide the directory development. The first meeting of the workgroup was held on August 26, 2008. Eight participants attended the first workgroup meeting, representing the Commission on Hispanic Affairs, the Governor's Office of Indian Affairs, the Department of Health's Public Health Emergency Preparedness and Response Program, the Department of Health's tribal liaison, Clark County Public Health Department, and the Washington Poison Control Center.

The Council hired its Community Outreach Coordinator in February 2008 and since then she has spent a considerable amount of time meeting with communities around the state, sharing information about the Council, multicultural health, and health disparities and seeking input to guide the Council's work. From February through August 2008, she had 132 separate outreach encounters with 63 organizations—26 community-based organizations, 22 government

agencies, 12 Tribes and three groups affiliated with academic institutions. Of the 26 community-based organizations, two served primarily African American communities, three served predominantly Asian and Pacific Islander populations, four served Hispanic/Latino communities, four served American Indian populations and the remaining 13 served multiple communities, but with some focus on communities of color. The Community Outreach Coordinator attended meetings, forums, and other events around the state, including Spokane, Omak, Yakima, Everett, Seattle, Tacoma, Olympia, Shelton, Poulsbo, and Vancouver, among other cities.

One way that the Community Outreach Coordinator collected input and feedback was through public input surveys. Public input surveys were available in English, Spanish, and Vietnamese. Surveys were disseminated through the mail and via electronic-mail to interested parities, handed out in person at events and meetings, and made available for download from the Council's Web site. Through August 2008, the Council received 451 completed surveys, providing invaluable information on the health topics of most concern for communities of color, suggestions for how to improve communication and language access in health care, and information on how the community prefers to receive information on multicultural health and health disparities. A summary of the information collected from public input surveys is available on the Council's Web site.

In addition, the Community Outreach Coordinator collects information through her many discussions with community members and organization representatives. Through these discussions, she learns about barriers and successes that organizations face in providing information and services to their respective communities. Through her growing network of community and organization contacts, she is often able to link groups and resources together in ways that are beneficial for all parties involved. She is then able to share these stories with Council members during time dedicated to community outreach updates at each Council meeting. Included in this section are several of these stories, which highlight examples of how the Council facilitates communication and collaboration among communities, government, and the private sector to reduce health disparities.

- **Linking a Private Sector Organization with Communities of Color.** In June 2008, Washington Poison Control Center staff invited the Council's Community Outreach Coordinator to its headquarters for a briefing on its services and multilingual outreach efforts. The Council obtained some of the Poison Control Center's educational materials in English, Spanish, Korean, Chinese, and Russian. At the Tribal Emergency Preparedness Conference in Pendleton, Oregon in July 2008, the community Outreach Coordinator then distributed English pamphlets and "Mr. YUK" stickers to tribal community members and program staff, including a packet of 25 to the Puyallup Head Start staff. The Community Outreach Coordinator was able to connect the Puyallup Head Start staff person with the Poison

Control Center so that the Health Start staff person could get additional materials for use in her classroom safety curriculum. Later, at the Hispanic Festival in Centralia, the Council's Community Outreach Coordinator distributed materials in English and in Spanish and shared information about child safety issues and elder, pet, and plant poisoning topics that could be accessed through the Poison Control Center. The "Mr. Yuk" educational materials were also offered at the Nisqually Tribal Health Fair in August 2008 and the Council's Community Outreach Coordinator was able to provide a packet of materials to the Women, Infants, and Children (WIC) Coordinator for a six-tribe consortium so that she can distribute them to pregnant and lactating women through her program.

- **Linking a Community Based Organization with State Government Resources.** At a community forum organized by the Asian Pacific Islander Hepatitis B Task Force in Seattle, the Council's Community Outreach Coordinator met some family advocates from the Vietnamese Friendship Association (VFA). The VFA is a small, grassroots group that helps monolingual Vietnamese families learn how to interact with their children's schools. The VFA staff shared some of their unique challenges with the Community Outreach Coordinator. The Community Outreach Coordinator connected them to the Director of the Office of the Education Ombudsman, whom she had met at a Familias Latinas gathering in Olympia. Information collected by the Community Outreach Coordinator at a Latino community event was used to provide new government-agency resources for VFA to help Vietnamese families communicate with schools.

- **Raising Awareness of Health Disparities among Tribal Members.** At the Tribal Healing & Wellness Conference held at the Kiana Lodge in the Suquamish Nation, academicians from the University of Washington were working to build relationships with tribal community members that would facilitate community-based participatory research to reduce health disparities. During a family-style lunch, two Indian Elder women asked the Council's Community Outreach Coordinator to explain to them what the term "health disparities" meant. The discussion focused on the health challenges and outcomes that they, their parents and grandchildren experienced in rural reservation communities. They quickly understood from a culturally relevant perspective how inequities in socioeconomic power impacted the overall health of their family and community members.

- **Sharing Information about the Council and its Work.** At the Commission on Hispanic Affairs public meeting in Omak, the community wanted to know what the Commission was doing to address the health needs of the Hispanic community. The Commission's Executive Director noted that one accomplishment was the creation of the Governor's Interagency Council on Health Disparities and its work to develop a state action plan. The Council's Community Outreach Coordinator was in the audience and was able to share information about the Council. Later at the meeting, she was able to offer support and resources to community-based groups such as the leadership from the Hispanic Youth Council at the community college and the cultural resource manager at the regional health facility.

- **Increasing Capacity to Communicate Effectively with Diverse Populations.** The Council's Community Outreach Coordinator is building networks in African American and African immigrant communities to learn how country of birth impacts culturally appropriate health communications. Through attendance at meetings and events, such as the United African Day Festival and the Seattle/Pacific Northwest National African HIV Initiative (NAHI) Summit, and review of minority-focused media, the Council is learning about the diversity in languages, religions, and family relationships for African Americans and immigrants from Ethiopia, Somali Republic, Ivory Coast, Tanzania, Sudan, and Kenya. The communication tools and strategies that the Council will use in future activities will be designed to increase their effectiveness with African American and African immigrant audiences.

As described above, the Council's community outreach plan centers on the Community Outreach Coordinator visiting communities across the state to share information and to seek input and feedback. Additionally, the Council has organized public forums to bring community members and Council members together to discuss health disparities as a group. The first public forum was held on October 20, 2006 in Seattle with the second held on September 19, 2007 in Tumwater. More information on those two forums can be found in the 2008 progress report.

In addition, on May 28, 2008, the Council convened a Community Forum on Health Equities at the Tacoma Campus of The Evergreen State College in Tacoma. More than 43 participants and six Council members attended the forum, contributing toward a meaningful dialogue. The forum was facilitated by the Council Chair. It included a welcome by Senator Rosa Franklin and an introductory presentation by staff from the Tacoma-Pierce County Health Department. A summary of the forum proceedings was developed and more than 160 copies were disseminated to participants, Council members, and other key stakeholders. The forum proceedings can be found on the Council's Web site.

In brief, the forum provided an opportunity for community members to share their input and suggestions regarding what the Council should consider in its action plan, recommendations for improving language access in health care, and ways that state government can work to improve health disparities. A number of recommendations were repeated throughout the community forum, including the following:

- The Council should focus on the social determinants of health, such as poverty and environmental conditions.

- An emphasis should be placed on training bilingual/bicultural members of the community to provide outreach within their respective communities (e.g., health navigators).
- We should invest more in our communities so they have the capacity and infrastructure to

plan and implement programs to address health disparities themselves, as well as to more fully participate in the policymaking process.

- In order to enhance the cultural competency of services and to ensure that state government actions redress and not perpetuate disparities, we need to better educate our legislators, agency leaders, and other policymakers, as well as our health care providers, about health disparities and the social determinants of health.

- Organizations, including the Council, should strengthen community outreach activities by holding more forums, providing more information in person (such as at health fairs), and better utilizing minority media (such as through public service announcements on minority-owned television and radio or through inserts in minority press).

- More focus should be placed on improving the quality and accessibility of mental health services and on integrating mental health and physical health services.

- More funding and commitment should be placed on using health impact assessment during policymaking at the local and state levels.

- The Council should consider other groups that are affected by health disparities, such as rural communities and the poor.

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 sector and public sector, to address health disparities."

The preceding section of this report focused on the Council's outreach activities with communities of color across the state. Often, these outreach activities have led to improved communication, coordination, and collaboration among different groups working to improve health and reduce health disparities. In addition to engaging communities of color in its work, the Council is also dedicated to fostering interagency partnerships and providing technical assistance to reduce health disparities throughout Washington State.

Several examples of ways in which the Council has helped to foster communication, coordination and collaboration to address health disparities were listed in the 2008 progress report. Following are additional examples that are ongoing or that have taken place since the 2008 progress report was published.

- The Washington State Department of Health (DOH), in collaboration with the Workforce Training and Education Coordinating Board (i.e., Workforce Board), is currently surveying health care professionals in an effort to collect race/ethnicity and other demographic data. Such demographic data is of critical importance in the development, implementation, and evaluation of programs to increase the diversity of the health care workforce. The Workforce Board's Health Care Personnel Shortage Task Force has convened a data subgroup to examine the survey response rates, devise methods to improve the response rates if necessary, and to explore data analyses options, since the original legislation did not provide for analyses to be conducted. The Workforce Board's representative on the Council serves as the convener and facilitator for the data subgroup meetings and the Council Chair and Council staff serve as participants, in addition to representatives from DOH and other interested stakeholders. At the subgroup's meeting on August 1, 2008, the group decided that the Task Force would highlight the key issues in its next report to the Governor and Legislature. Further, the subgroup would work collaboratively with DOH to develop a full proposal for its progress report to the Legislature.

- The Washington State Department of Social and Health Services is leading efforts to develop performance indicators to link quality improvement measures with provider reimbursement rate increases. The Department of Social and Health Services' representative on the Council serves as the Council's representative on a stakeholder workgroup that is developing performance measures. Quality improvement efforts can reduce health disparities and Council representation on the workgroup will reduce the risk that recommended pay-for-performance programs will have unintended consequences that increase disparities.

- The Office of Financial Management's Strategic Heath Planning Program is producing a Strategic Health Resources Strategy, which is due by January 2010. Toward this end, it has convened a technical advisory committee to serve in an advisory capacity to the strategic health planning process. The Health Care Authority's representative on the Council serves on the technical advisory committee on behalf of the Council. Her role, in particular, is to assess strategies and policy recommendations through a health equity lens. The Strategic Health Resources Strategy has the potential to reduce health disparities by establishing health planning policies and goals that relate to the regional availability of health care facilities and services, quality of care, and cost of care. Council representation on the technical advisory committee will help ensure that issues that can impact health disparities are considered in the process.

- The Office of Superintendent of Public Instruction's Center for the Improvement of Student Learning, the Commission on African American Affairs, the Governor's Office of Indian Affairs, the Commission on Asian Pacific American Affairs, and the Commission on Hispanic Affairs have been charged with studying and creating recommendations to reduce the academic achievement gap for students of color and for submitting a report to the Legislature by December 2008. There is clear evidence of the link between the academic success of students and their health. Therefore the Council wants to stay informed of this important and parallel work. The Council received briefings and updates on the academic achievement gap studies at its May 29 and September 25, 2008 meetings.

- The Department of Health is establishing an ongoing multicultural health awareness and education program for health care professionals. The Council recognizes the importance of this work—improving the cultural competence of the health care system is one strategy for reducing health care disparities. Therefore, the Council is following this work and most recently received an update on DOH's progress at its September 25, 2008 meeting. The Council will continue to serve as a forum for individual Council members and other interested members of the public and organizations to provide input into this important work.

- The Department of Health and Human Services is funding four patient navigator pilot projects around the state to assist Medicaid clients from different racial/ethnic communities find their way around the health care system and obtain the treatment and information they need. The Council is following this work closely, as patient navigation is one way to improve the cultural and linguistic competence of the healthcare system and to improve patient outcomes.

- The Department of Health's Tobacco Control Program convenes a Tobacco Disparities Advisory Committee. One of the Council's consumer representatives serves on the committee on behalf of the Council. In addition, the Tobacco Program has asked Council members and staff to provide input into its strategic plan, which makes addressing disparities its top priority. In addition, Council staff was invited to participate in a leadership summit on tobacco-related disparities among populations with few resources.

- The Cross Cultural Health Care Program is developing a Northwest Resource Center on Culturally and Linguistically Appropriate Services and Health Disparities and has created an Advisory Board to guide staff as it develops and implements its services. Council staff participates on the Advisory Board.

- The Department of Health convenes an agency-wide Multicultural Work Group to serve as an advisory and coordination group for agency diversity and cultural competency activities. Though the Council is staffed by the State Board of Health, because of the longstanding and collaborative relationship between the Board and Department, Council staff has been invited to participate on the Multicultural Work Group. The Multicultural Work Group provides an excellent opportunity for members to identify and share resources, knowledge, and other information about events and activities related to multicultural health.

- The King County Equity and Social Justice Initiative held a town-hall meeting on March 13, 2008. The meeting gave community members an opportunity to view a segment of the *Unnatural Causes* documentary series and to share their thoughts about inequities in King County. The Council's Vice Chair served as a panel member at the town-hall meeting.

- The Tacoma-Pierce County Health Department convened a Health Equity Summit on March 28, 2008 to bring multiple stakeholders together to discuss ways that Pierce County can improve the health of all of its diverse community members. The Council's Vice Chair, three Council members, and Council staff served as panelists and facilitators during the summit. In follow-up, the Department convened a health equity advisory committee. Council staff serves on the committee in order to ensure continued linkage and information sharing between the local and state planning efforts.

- On April 24, 2008, the Council's Vice Chair participated in the Tacoma Fair Housing Conference. She served as a panelist to share information on how housing affects health.
- On April 30, 2008, the Council's Vice Chair participated on an expert panel for a health disparities conference for professional journalists. The purpose of the conference was to help journalists learn more about health disparities and the social determinants of health so that they can report on those issues in a more accurate and culturally respectful way.
- On September 26, 2008, the Council Chair, Council Vice Chair, and Council staff served as presenters and facilitators at the Alliance for Healthy Communities of Color's conference titled, "A Convergence for Change: Politics, Policy, and Philanthropy." Both the Council's Vice Chair and Council staff also sat on the conference planning committee.
- On October 7, 2008, the Council Chair and representatives from the State Department of Health, Public Health Seattle & King County, and the Tacoma-Pierce County Health Department gave a panel presentation titled, "State and Local Efforts to Address Equity and the Social Determinants of Health" at the Joint Conference on Health in Yakima.

Culturally and Linguistically Appropriate Health Literature and Interpretive Services

In accordance with subsection 3 of RCW 43.20.275:

> *"The council with assistance from the state board, shall 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."*

The Council initiated a number of activities during 2007 aimed at developing language access recommendations. These included: (1) contracting with a non-profit organization to conduct focus groups and interviews to understand and assess the availability of culturally and linguistically appropriate health education materials, (2) convening the Public Forum on Language, Culture, and Health Care, and (3) organizing a community meeting focus group with Spanish-speaking individuals in Tacoma. Details on these events and activities can be found in the Council's 2008 progress report.

The May 28, 2008 Community Forum on Health Equities provided an opportunity for members of the public to share concerns and potential solutions to improve language access in health care, among other topics. Specifically, participants were asked about barriers that prevent them and their communities from obtaining health information, whether there was a lack of interpretive services and if so in what areas, strategies to recruit and retain more interpreters, and suggestions

for improving the quality and availability of health education materials. Participants' comments on these language access issues, as well as other discussion topics, were summarized in a forum proceedings summary report, which is available on the Council's Web site. More detailed information on the forum is discussed in the community outreach section of this report.

The Council's public input survey also included a question related to language access. The survey asked, "Have you ever had trouble understanding or talking to a health care provider" and if so, "What could have been done to improve communication?" Of the 426 individuals who responded to that question, 142 (33%) answered "yes" (see Box 4 for specific examples). The majority of suggestions fell into the following six themes:

1. **Time:** Patients would like more time with their physicians and other health care providers to explain their symptoms and concerns and to ensure they understand their diagnoses and treatment options. In addition, patients want their health care providers to listen to them and care for them and they suggest that longer appointment times could assist with this.

2. **Cultural Competence:** Providers should always treat their patients with respect and understand how to communicate with individuals from diverse cultures.

3. **Consumer Education and Self-Advocacy:** Health care consumers need more educational resources and access to information to help them better advocate for themselves in the health care setting.

4. **Technical Language:** Health care providers need to use less technical language when discussing health matters with their patients.

5. **Navigators and Interpreters:** There is a need for more patient navigators and health care interpreters, and patients need to be informed that interpreters are available.

6. **Provider Education:** Physicians should receive ongoing training in a variety of topics, (e.g., how to serve patients of diverse backgrounds, talking about sexual/gender minority issues, etc).

Box 4: Examples of Communication Problems in Health Care

"When we finally did see [the provider], it was apparent he hadn't even read her chart. We have lost trust in his medical care."

"HCPs are too busy, so they want to address their own agenda with limited to no opportunities for questions."

"The doctor prejudged my situation."

"Provider should not assume that I understand what is being said. Sometimes I do not like to disagree with the doctor."

"I understood him and felt belittled that he was talking down to me."

"The health care provider needed training in how to talk with a Native American. A huge misunderstanding occurred because of not understanding how to communicate and understand the language of symbolism."

Other suggestions for how communication could be improved included encouraging providers to become more involved in community services, ensuring that health care organization policies and protocols are followed, providing patients with written instructions to manage their health, and ensuring a bilingual and bicultural workforce.

In addition, the Council organized a panel of experts working on language access issues in Washington State for its September 25 meeting. Panelists included representatives from the Washington State Coalition for Language Access, CHOICE Regional Health Network, the Cross Cultural Health Care Program, Washington CAN!, the State Department of Health, the State Department of Health and Human Services, as well as a consultant with extensive state and national expertise in language access in health care. The panelists each presented information on their own past experience and work related to language access. The presentations were followed by a discussion period so Council members could ask questions and seek input from the panelists.

Health Impact Reviews

RCW 43.20.285 states:

> *"The state board shall, to the extent that funds are available expressly for this purpose, complete health impact reviews, in collaboration with the council, and with assistance that shall be provided by any state agency of which the board makes a request."*

The Board and Council are required to complete a health impact review on a policy or budget proposal if a review is requested by the governor or a legislator. A health impact review evaluates a proposal for its potential impact on health disparities.

During the 2008 legislative session, Representative Santos submitted requests to the Board for health impact reviews on three different bills. One would have required certain state agencies to post bilingual or multilingual notices of public health, safety, or welfare risks in certain circumstances (SHB 1675). The second bill would have established a ten-member financial services intermediary to improve access to mainstream financial products for low-income individuals (SSHB 3221). The third bill would have limited use of chemical, mechanical, and physical restraints in public schools (SHB 2884). None of these bills passed during the 2008 session.

The Board has completed five health impact reviews to date—two in the 2007 session and three in the 2008 session. All of the reviews, as well as the request form and procedures document, can be found on the State Board of Health's Web site at: www.sboh.wa.gov/HIR.

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 and has shared information and provided technical assistance to other states that are interested in doing similar work.

- The Council is a member of the National Association of State Offices of Minority Health (NASOMH). NASOMH is an organization dedicated to protecting and promoting the health and well-being of communities of color, tribal organizations, and nations in all fifty states and territories. As a member of NASOMH, the Council remains informed about activities in other states and at the national level 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 recently launched its National Partnership for Action (NPA) initiative. The mission of the NPA is to "mobilize and connect individuals and organizations across the country to create a Nation free of health disparities, with quality health outcomes for all people." As a recipient of an OMH State Partnership grant, the Council is a member of the NPA. One of the first activities of the NPA was the convening of regional conversations to bring together local, state, Tribal, regional, and federal experts and practitioners from the private and public sectors to lay the foundation for a comprehensive, community-driven, sustained strategy. The regional conversations will result in development, dissemination, and implementation of strategic objectives and tactical recommendations known as regional blueprints. The regional conversation that included Washington State was held in Scottsdale, Arizona from May 7-9, 2008. The Council Chair, the Council Vice Chair, three additional Council members, and Council staff attended the three-day meeting to share their expertise and ideas and contribute toward the regional blueprint.

- In April 2008, the Commonwealth Fund published a report titled *Identifying and Evaluating Equity Provisions in State Health Care Reform*, which was developed by staff from the Opportunity Agenda and Families USA. Council staff provided information to the authors about the Council and its work and Washington State was one of five states highlighted in the report. In particular, the report identified the creation of the Council, the creation of health impact reviews, and the biennial surveys of the health care provider workforce as best practices.

- On September 29, 2008, the Mathematica Policy Institute published a report titled *State Efforts to Address the Healthy People 2010 Goal to Eliminate Health Disparities: Two Case Studies*. The authors interviewed the Council Chair and Council staff to learn about the Council's work, which was included as one of the two case studies in the report (the other was North Carolina's Healthy Carolinians initiative). In particular, the report highlighted the Council's prioritization process and tools, which were described as innovative and having the potential to be integrated into other states approaches to identify and develop strategies and programs to eliminate disparities.

- In May 2008, Council staff participated in a New York Minority Health Advisory Committee meeting via teleconference to share information on the Council and its work to develop a state action plan. The New York Minority Health Advisory Committee was interested in the Council's prioritization process and wanted to learn more about it as a potential model for planning processes that will take place in New York.

- In July 2008, Council staff participated in a key informant interview with staff from Rutgers Center for State Health Policy. Council staff shared information about the Council and its work to develop a state action plan to eliminate health disparities as well as information, resources, and contacts for other efforts in the state to develop health report cards. Staff from Rutgers Center for State Health Policy will use the information in a report that it is developing for the New Jersey Office of Minority Health.
- In July 2008, Council staff shared information on the Council and its activities with the members of the Utah Multicultural Health Network, which is a statewide public-private-community coalition dedicated to eliminating health disparities in Utah. The Network is beginning its strategic planning process and wanted to learn about the Council's work in Washington to guide its efforts.
- In September 2008, Council staff participated in a key informant interview with Brian Smedley, a nationally recognized expert on health disparities who was commissioned by the New York Minority Health Council to write a paper regarding "best practices" among states seeking to eliminate health disparities. The paper will explore innovative efforts by states to address issues such as data collection, health care delivery systems, community-based interventions, and workforce issues to reduce racial and ethnic health and health care disparities. The paper will be used during the New York State Health Disparities Summit scheduled to take place in January 2009.

VI. NEXT STEPS FOR THE COUNCIL

The Council is currently convening its advisory committees for diabetes, obesity and overweight, education, health insurance coverage, and healthcare workforce diversity to help develop policy recommendations. Those recommendations will go back to the Council for its consideration and development of the state action plan to eliminate health disparities. The action plan will include recommendations to improve health equity and reduce disparities for each of the priority health areas. In addition, the plan will include a set of language access recommendations to improve the availability of culturally and linguistically appropriate health literature and interpretive services.

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Health Disparities

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