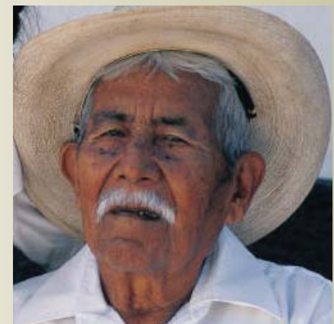
Toward a State Action Plan to *Eliminate Health Disparities*



2010 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, 2010

To Governor Gregoire and Members of the Legislature:

This last year was filled with many challenges but also many rewards.

Certainly, the economic situation resulted in many disappointments for the Council, for our partners, and for the communities who have been working so hard to reduce the health disparities that continue to plague Washington's communities of color. We witnessed the rise in uninsurance rates as over 150,000 Washington residents lost health insurance coverage. We saw cuts to the Basic Health Plan and to reimbursement rates for providers serving Medicaid clients. We also experienced a suspension of health impact review funding and saw the elimination of the health care workforce demographics survey, a program which is vital to tracking and evaluating efforts to improve the diversity of health professions. Setbacks such as these make us pause and reflect on what more we can do to ensure that hard economic times do not disproportionately burden those who are already disadvantaged.

However, this last year was also a productive and rewarding year for the Council as we made considerable progress toward identifying policy recommendations to eliminate health disparities for our five priority health topics. The Council convened our advisory committees and we are grateful to committee members for their donated time and dedication to this work. Time and time again, this Council bears witness to passionate community members, devoted health care professionals, tireless educators, dedicated state employees, and others who devote their time to serving their families, neighbors, and communities. Many of these individuals volunteered to serve on the Council's advisory committees and we thank them for their continued service.

On behalf of the Council and all those that have contributed to its work, I am pleased to submit this progress report.

We thank you for your ongoing support and commitment.

Sincerely,

Vickie Ybarra, RN, MPH
Chair

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For persons with disabilities, this document is available on request in other formats.

I. EXECUTIVE SUMMARY

The Governor's Interagency Council on Health Disparities, authorized by SSSB 6197, is responsible for creating an action plan to eliminate health disparities by race/ethnicity and gender. 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

The Council was given the responsibility to identify five priorities for the first version of its state action plan to eliminate health disparities. In 2008, the Council finished its prioritization and selected five health topics for the plan—education, health insurance coverage, health care workforce diversity, obesity, and diabetes. During 2009, the Council convened its advisory committees, which were charged with identifying, assessing, and recommending policies to end disparities for each of the priority health topics. The Council chose to establish four committees, with a single committee to work on both obesity and diabetes recommendations. Each committee was comprised of fifteen members and the Council sought diversity in membership by race/ethnicity, gender, and geographic representation. Each committee had balanced expertise in public health, public policy, health disparities, the particular health topic under consideration, and the needs, concerns, and assets of affected communities. Committees met between April 30, 2009 and November 18, 2009. Each advisory committee presented recommendations to the Council for its consideration and the Council has provisionally endorsed the committees' work. The Council will seek public input and incorporate its final recommendations into its state action plan to eliminate health disparities, expected to be released by the end of 2010.

Other Highlights

In the past, much of the Council's outreach work involved identifying and reaching out to community leaders and organizations serving communities of color to share information about the Council and to seek input into the Council's work. During 2009, outreach activities focused on bringing together public, private, and community sectors to leverage resources in ways that work to end health disparities. The linkages have resulted in collaborations that stretched resources—a critical need in the recent and current economic environment. As just one example, staff from the Council, the Department of Social and Health Services, and the Washington Association of Community and Migrant Health Centers worked together to ensure that Apple Health for Kids program materials in English and Spanish were available and disseminated to Latino families attending health fairs in farm worker labor camps.

Other 2009 highlights include the redesign of the Council's Web site, resulting in a substantial increase in Web hits; the development and dissemination of the Washington *Multicultural Health Communication Directory*, which has already been used multiple times including to identify and reach Hispanic/Latino communities with information about H1N1 influenza; ongoing participation with the federal Office of Minority Health's National Partnership for Action to End Health Disparities Initiative and the National Association of State Offices of Minority Health; and collaborating with the State Board of Health to complete a health impact review.

II. INTRODUCTION

The Legislature created the Governor's Interagency Council on Health Disparities (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 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 *Washington Multicultural Health Communication Directory*.

The 2008 and 2009 progress reports are available on the Council's Web site: www.HealthEquity.wa.gov.

The purpose of this report is to detail the Council's progress during 2009 toward creating the state action plan and to highlight other activities the Council has initiated or participated in that contribute toward improving the health and well-being of 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:	Faaluaina (Lua) Pritchard Ellen Abellera (former member)
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 Commerce:	Annie Conant
Department of Early Learning:	Jonathan Green Felecia Waddleton-Willis, DO (former member)
Department of Ecology:	Millie Piazza John Ridgway (alternate) Joy St. Germain (former member)
Department of Health:	Diana Anaya-McMaster 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:	Robert Harkins Martin Mueller (former member)
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.

Governor's Interagency Council on Health Disparities Web site:

HealthEquity.wa.gov

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.

IV. STATE ACTION PLAN TO ELIMINATE HEALTH DISPARITIES

Selection of Priorities

The Council's 2008 and 2009 progress reports detailed the two-phase prioritization process it went through 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 received briefings on the epidemiologic data for the 32 health topics and used a scoring process to narrow the list to 12 priorities using criteria on the prevalence, severity, and level of disparity for each health topic.

The Council then received briefings on activities and programs in the state to reduce disparities for the 12 health topics and used that information, along with community input and epidemiologic data, to select its top five priorities (see Box 2). To strengthen the power of community members in shaping the policy action plan, the Council gave twice the weight to community input as it did for the other criteria. Health topics that did not make the final list may be considered for future versions of the plan.

Box 2: Top Five Priorities to be Addressed in the State Action Plan

Social Determinants of Health

Education
Health Insurance Coverage
Health Workforce Diversity

Health Conditions

Diabetes
Overweight & Obesity

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."*

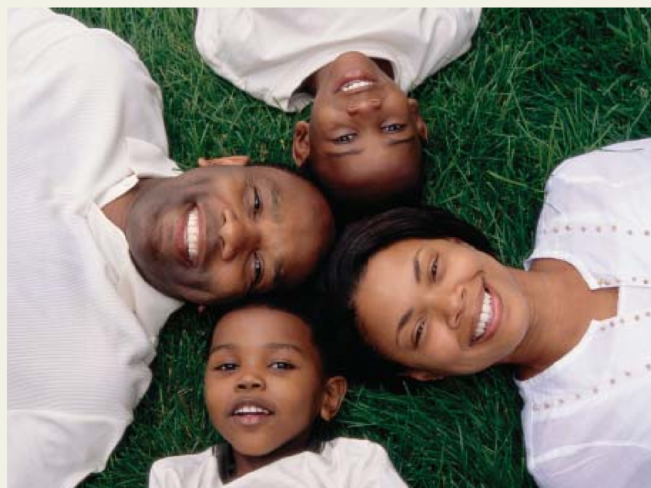
The Council chose to establish four committees around its five priority health topics, with a single committee working on both obesity and diabetes recommendations. In early 2009, the Council established a standard committee charter and began identifying and inviting individuals to serve on the committees. Each committee was comprised of fifteen members and the Council sought diversity in membership by race/ethnicity, gender, and geographic representation. Moreover, each committee had balanced expertise in public health, public policy, health disparities, the particular health topic under consideration and the needs, concerns, and assets of the affected communities.

The charge of each advisory committee was 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 **Health Insurance Coverage Advisory Committee** was the first to convene and it met a total of four times between April 30 and August 13, 2009. See Box 3 for a list of committee members. The committee identified its purpose as follows: *to identify policy recommendations to improve health insurance coverage rates and access to comprehensive and culturally competent care for communities of color in ways that achieve health equity and eliminate societal health disparities.* Committee members decided it was important to consider access to care and quality of care for diverse populations in addition to looking for ways to improve insurance coverage rates.

Box 3: Health Insurance Coverage Advisory Committee Membership

Boliver Choi, SHIBA Helpline (King County), Chinese Information and Services Center
Jenny Cochrane, Consumer Representative
Marie Covington, Colville Tribal Area Agency on Aging
Ralph DeCristoforo, Community-Minded Enterprises, Health for All
Martin Estrada, SHIBA Helpline, Office of the Insurance Commissioner
Nancy Fisher, Health Care Authority
Rebecca Kavoussi, Community Health Network of Washington / Community Health Plan
Reena Koshy, Consumer Representative
MaryAnne Lindeblad (Chair), Department of Social and Health Services
Karen Merrikin, Group Health Cooperative
Linda McCarthy, Mt. Baker Planned Parenthood
Teresa Mosqueda, Children's Alliance
Oscar Plazas, CHOICE Regional Health Network
Diane Stollenwerk, Puget Sound Health Alliance
Steven Wish, Washington Association of Community and Migrant Health Centers



The **Health Care Workforce Diversity Advisory Committee** met four times between June 9 and September 9, 2009. The committee established its purpose as follows: *to identify policy recommendations to increase the diversity of the health care workforce so that it reflects the diversity of the population it serves and to increase the cultural competence of the health care workforce in order to promote equity and reduce health disparities*. The committee chose to define health care workforce broadly, including all levels of direct clinical care providers as well as professionals in the mental health, dental health, and public health fields. See Box 4 for a list of health care workforce diversity committee members.

Box 4: Health Care Workforce Diversity Advisory Committee Membership

Augusto Agoncillo, LifeCenter Northwest
Sofia Aragon (Vice Chair), Washington State Nurses Association
Sheila Edwards Lange, University of Washington
Dorry Elias-Garcia, Minority Executive Director's Coalition
Victoria Fletcher, Planned Parenthood of the Great Northwest, Health Coalition for Communities of Color
Jaime Garcia, Health Work Force Institute
Christina Johnson-Conley, Consumer Representative
Reza Khastou, Bright Futures Program, Seattle Vocational Institute
Mary Looker, Washington Association of Community & Migrant Health Centers
Robbie Paul, Native American Health Sciences, WSU Spokane
Jesus Reyna, Medical Reserve Corps, DHHS Office of Public Health Services
Rhonda Taylor, Nursing Program, Yakima Valley Community College
Maddy Thompson (Chair), Workforce Training and Education Coordinating Board
Laurie Wylie, Western Washington Area Health Education Center
Debbie Ulfeng, Sea Mar Community Health Centers
Benjamin Danielson (committee consultant), Odessa Brown Children's Clinic

The **Obesity & Diabetes Advisory Committee** also met a total of four times. It convened on June 24 and held its last meeting on October 1, 2009. The committee defined its purpose as follows: *to identify two sets of policy recommendations for obesity and diabetes, respectively, to increase opportunities for all Washingtonians to access healthy environments, make healthy choices, and manage their health in order to promote equity and reduce disparities in obesity and diabetes*. The committee chose to focus on environmental conditions that promote physical activity and healthy eating when identifying its recommendations for obesity. For its diabetes recommendations, it chose to be more narrowly focused on disease prevention and management. Box 5 lists the members of the obesity & diabetes advisory committee.

Box 5: Obesity & Diabetes Advisory Committee Membership

Diana Anaya-McMaster, Department of Health
Rowynn "David" Anderson, Consumer Representative
Victor Coleman, Statewide Childhood Obesity Prevention Coalition
Emilia Kambarami-Sithole, Northwest Kidney Centers
Leslie Korn, Center for Traditional Medicine
Blishda Lacet, REACH Program, Public Health—Seattle & King County
Chewon Lee, SHIBA Helpline, Asian Pacific American Resource Network
Diana Lindner, Commission on Hispanic Affairs
Emma Medicine White Crow (Chair), Consumer Representative
Pat Odiorne, Diabetes Prevention Program, Chehalis Tribal Health Clinic
Faaluaina (Lua) Pritchard, Commission on Asian Pacific American Affairs
Marsha Quinlan, Department of Anthropology, Washington State University
Tara Svay, CHOICE Regional Health Network
Cathy Tashiro, Nursing Program, University of Washington Tacoma
Laura Thelander Keller, American Diabetes Association

The **Education Advisory Committee** convened on September 29, 2009 and met four times with its last meeting on November 18, 2009. Box 6 provides a list of members serving on the education advisory committee. The committee defined its purpose as follows: *to identify policy recommendations to reduce the academic achievement gap for students of color in grades K-12.* The committee recognized that the increasing diversity of the public school system will have substantial implications on the overall performance of the educational system and ultimately on the health of the children in it, and therefore, chose to focus on institutional changes to make the educational system responsive to students of color.

Box 6: Education Advisory Committee Membership

Amy Bates, Consumer Representative
Jonathan Green, Department of Early Learning
Robert Harkins (Co-Chair), Office of Superintendent of Public Instruction
Rosalund Jenkins, Commission on African American Affairs
Dawn McCravey, Parent Teacher Association
Trise Moore, Consumer Representative
Teresa Mosqueda, Children's Alliance
Ann Muno, Powerful Voices
Lillian Ortiz-Self, Commission on Hispanic Affairs
Don Sloma, Washington Health Foundation
David Syth, Indian Education Program, Tacoma Public Schools
Frieda Takamura, Commission on Asian Pacific American Affairs
Estela Vasquez, Student Representative
Vickie Ybarra (Co-Chair), Governor's Interagency Council on Health Disparities
Marguerite Roza (Committee Consultant), University of Washington College of Education
Paul Ruiz (Committee Consultant), The Education Trust

Each committee's work plan was generally the same. First, each made some initial decisions about how it wanted to conduct business and proceed with its work. For example, committees discussed how frequently they wanted to meet and when and where to meet. Committees made decisions about whether to adopt bylaws, elect vice chairs, or allow alternates to attend in members' absence. Committee members discussed and agreed upon options for decision making and prioritization. In general, all committees agreed to informal work processes and to strive to reach consensus in decision making.

Each committee was presented with a draft version of a policy considerations paper at its first meeting to enable it to begin work immediately. Each paper included topic-specific data, information on the public health importance of the issue, known barriers to tackling the issue, and descriptions of past activities, particularly at the statewide level, to address the issue. Each paper also included a table of policy options which were compiled from a review of the literature. Where available, evidence of the policy's effectiveness and information on the extent to which it had been implemented in Washington State were included in the policy options tables. The policy considerations papers served as working documents for the committees and were continually added to and refined as the groups proceeded with their work.

Each committee reviewed and discussed the initial policy options included in the paper and added to those lists. Following that, each group went through a process to narrow the list and come to consensus about final recommendations. The health insurance and obesity & diabetes committees narrowed their lists through discussion and elimination by consensus. They then collected additional information on the remaining policies, including how the policy could impact different populations disproportionately and thereby impact health disparities and barriers to implementation. During the process of discussing the new information, the health insurance committee kept coming back to a

short list of overarching themes regarding the elements and principles that any insurance plan should have. In the end, the health insurance committee crafted its recommendations around those themes.

The obesity & diabetes and workforce diversity committees each used a scoring process to create prioritized lists of policy options. At their final meetings, both committees reached consensus on final recommendations through group discussion. The education committee recognized that much state policy work had been done in the past year related to the K-12 educational achievement gap and sought to build on that work. It identified four policy domains—ensuring the equitable distribution of high performing teachers and principals; promoting effective family, community, and school partnerships; investing in early childhood development; and improving student health and safety as a way to improve academic achievement—and worked to identify key recommendations for each domain through discussion and consensus.

The Council provisionally endorsed the committees' recommendations at its September 10, 2009 and December 10, 2009 meetings and plans to disseminate those recommendations for public review and input. It will then incorporate final recommendations into its state policy action plan, which it expects to be released by the end of 2010.

V. 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."*

Outreach to Communities of Color

Highlights of the Council's communication and outreach work with communities of color during the last year follow:

- In response to input that members of the public would likely use the Council's Web site as a source for information on multicultural health, the Council redesigned the site's content and appearance. The new Web site became available on September 5, 2008 and the Council's Outreach Coordinator broadly disseminated the new Web site address through informational materials and attendance at community events. As a result, the average number of Web site user hits dramatically increased (see Table 1).

Table 1: Average Number of Council Web Site User Hits Per Month Before and After Web Site Change

Web Page	Before (2007-08)	After (2008-09)	Percent Increase
Home	71	571	804%
Forums	10	188	1,880%
Meetings	9	145	1,611%
Public Involvement	8	112	1,400%
News	4	106	2,500%
Publications	7	93	1,329%
2008 Progress Report	54	101	87%

- The Council added new communication channels and key contacts to its electronic-mail distribution list, increasing the number of people and organizations receiving Council meeting information, agendas, and other materials from 171 to 216 (26%). The Council offers opportunity for public comment at all meetings and the Council's distribution list is a key way for disseminating information about Council meetings.

- The Council's Outreach Coordinator (funded by the federal OMH grant) established contacts with community members at a variety of community-based events, including:

  - Asian Pacific American Resource Network - Seattle
  - West Sound Safety & Health Fair Expo - Bremerton
  - Chehalis Tribal Health Fair - Oakville
  - Washington State Refugee and Immigrant Conference - Seattle
  - Tulalip Tribal Boys & Girls Club Health Fair - Tulalip
  - Vietnamese Family Resource Fair - Tukwila
  - Familias Latinas Meetings - Olympia
  - Commission on African American Affairs Meetings – Seattle, Vancouver, Kent
  - Commission on Asian Pacific American Affairs Meetings - Redmond, Seattle
  - Commission on Hispanic Affairs Meetings - Centralia, Royal City
  - American Indian Health Commission Meetings - Kamilche

One result of community outreach was the identification and inclusion of community members on the Council's advisory committees. The Council committed to ensuring that at least 50% of its advisory committee members were from geographically and culturally diverse communities. Members represented Seattle, Bellevue, Tacoma, Bellingham, Olympia, Chehalis, Yakima, Nespelem, Spokane, and Pullman. Members were ethnically diverse, with approximately 50% self-identifying as people of color. Using funds from the federal OMH State Partnership Grant, the Council was able to reimburse community members for their travel-related expenses. Other results include linking individual community members and community-based organizations with resources and contacts to assist them with their work to improve the health and well-being of Washington's diverse communities.

> "I wanted to take a minute to thank you for donating the rulers that depict Notable Hispanic figures. Our after school club, La Raza club, used these rulers to make their selections for their shadow boxes that were used to create a group altar Dia de los Muertos celebration. The remaining rulers will be handed out at our event..."
>
> *-Parent*

Outreach to State Agencies and Other Public Entities

To share information about its work with staff at state agencies and other organizations, the Council developed a presentation template, which includes progress on the state action plan and describes health impact reviews, staff outreach activities, and the State Partnership Grant project. During the last year, formal presentations were made to:

- Public health professionals at the Joint Conference on Health - Yakima
- Staff of the U.S. DHHS Region X Office - Seattle
- Washington Hospital Association staff through their "Diversity University" - Seattle
- Staff of the College of Liberal Arts, Washington State University - Pullman

- Staff and students of Whitman College - Walla Walla
- State Board of Health - Tumwater
- Society for Social Work Leadership in Health Care - Seattle

Under its federal OMH State Partnership Grant, the Council convened an interagency workgroup to advise its multicultural health communications project. This year the workgroup assisted the Council to create the *Washington Multicultural Health Communications Directory*, a statewide inventory of county-level demographic data and multicultural communication channels. The first version of the directory was published in May 2009. The purpose of the directory is to provide information regarding where racial/ethnic communities reside, identify community-based organizations and other trusted sources that can serve as information conduits, and assist in defining specific cultural and linguistic needs of communities throughout Washington State. The directory is a major step towards improved multicultural health communication capacity at a state level. Initial users of the directory included:

- DOH – Statewide Oral Health Planning Group
- DOH – Public Health Emergency Preparedness Program Staff
- DOH – Washington State Youth Suicide Prevention Planning Group
- DOH – Public Health Emergency Preparedness, Pandemic Flu Planning Group
- Census 2010 – Asian Pacific Islander Outreach Coordinator for Seattle/King County
- Franciscan Health Systems, Hospice and Palliative Care, Multicultural Coordinator

Information about the *Washington Multicultural Health Communications Directory* was disseminated through networks via email, internet newsletters, agency Web sites, postcards, and personal contacts. In April 2009, Council staff received a request for a copy of the directory from the DOH Public Awareness and Emergency Communications Manager. In response to the H1N1 influenza outbreak, staff was looking for innovative ways to communicate with members of Hispanic/Latino communities who may not speak English or may have limited English proficiency. Within two days of opening the DOH Emergency Operations Center to coordinate its response to the H1N1 outbreak, DOH was able to use the Council's directory to assist them in linking to trusted communicators for Spanish-speaking people across the state. Within 24-hours, accurate and timely information from DOH began moving through state-level communication channels. County-level newsletters, posters, and radio were connected to these emergency response channels within 48-hours. Additional interagency partnerships are being developed with DOH and the racial/ethnic commissions to ensure online access to the multicultural health communications directory is improved and sustained. The interagency workgroup assisted staff in analyzing the directory information to identify communication gaps and recommend strategies to fill those gaps. The information collected was used to create the *Multicultural Health Communication Improvement Plan* in September 2009.

In December 2008, new research commissioned by the Legislature was released on closing the academic achievement gap for students of color. The interagency partnerships created and maintained by the Council helped to keep a broad base of state, local, and Tribal government stakeholders up-to-date on the

issue. As an example, the Council's Outreach Coordinator shared information on the research and subsequent legislative action with the Gear Up for Student Success Program Coordinator at the Higher Education Coordinating Board, who in turn, was able to share with her local school district partners.

> "The Council has provided resources to our office over the past few months as the Achievement Gap Studies and related legislative information have been released. This was not information that we were previously tracking, and may not have been aware of in a timely manner had she not shared with us. However, it is critical to our work in providing resources and technical assistance to our local school district partners. I appreciate your willingness to network with our agency."
>
> *Gear Up For Student Success Program Coordinator,*
> *Higher Education Coordinating Board*

Outreach to Bridge the Public, Private, and Community Sectors

In the past, much of the Council's outreach work involved identifying and reaching out to community leaders and organizations serving communities of color to share information about the Council and to seek community input to guide the Council's work. This year, outreach activities have focused on bringing together the public, private, and community sectors to leverage resources in ways that work to end health disparities. Council outreach activities helped to connect more than 100 public and private entities this year, a two-fold increase over last year. The linkages have resulted in collaborations that stretched resources – a critical need in the recent and current economic environment. Funds for travel, outreach, and assistance are being pooled through collaborations facilitated by Council staff. Some highlights of unique linkages during the last year include:

- The Washington Poison Center, a small nonprofit agency based in Seattle, was a project partner rich with resources but short on their outreach budget. They provided poison prevention materials in English, Spanish, Korean, Chinese, and Vietnamese to the Council's outreach staff. The materials, with thousands of attention grabbing, neon green Mr. Yuk stickers, were handed out though personal contacts at health fairs in Tribal, Hispanic, and Asian American communities. Sharing their multicultural materials created opportunities to discuss health disparities and invite folks to participate in project activities such as surveys and advisory committees. The story about this collaboration was featured by the Office of Minority Health as a grantee success story/promising practice on its Performance Improvement Management System Web site: http://www.omhrc.gov/templates/content.aspx?lvl=1&lvlID=44&ID=7906

- In April 2009, Council staff published an article in the DOH employee newsletter promoting EthnoMed, a joint project of University of Washington Health Sciences Library and Harborview Medical Center's Community House Calls Program. This Web site offers free resources to help providers better serve their patients from diverse cultural backgrounds. Information on cultural beliefs around a variety of medical topics pertinent to the health care of immigrants to Washington State is provided. Public health practitioners were encouraged to use this tool to help ensure programs are culturally appropriate and tailored for specific audiences.

- The Council's Outreach Coordinator assisted the Department of Social and Health Services Apple Health For Kids program overcome barriers to reaching two communities it identified as being under-represented in program enrollment. The Council linked Hispanic families in Central Washington to the Apple Health for Kids program by arranging for program materials to be distributed by staff of the Washington Association of Community and Migrant Health Centers, who were doing outreach at health fairs in farm worker labor camps. Program materials are also reaching Native American families through Council staff contacts with Tribal community health fair coordinators.

- Council members and staff participated on the planning committee for a statewide Latino Summit with the Commission on Hispanic Affairs, the Office of Superintendent of Public Instruction, and the Latino Community Fund.

- Outreach staff from the Council and the federal Social Security Administration met at a Vietnamese Family Resource Fair in Tukwila. Council staff learned that the Social Security Administration was looking for a way to reach Hispanic families in Eastern Washington and as a result she was able to link the federal agency worker to a training coordinator from the Statewide Health Insurance Benefits Advisors (SHIBA) program. SHIBA is a statewide network of trained volunteers who educate, assist, and advocate for consumers about their rights and options regarding health insurance and health care access. SHIBA staff was able to assist Social Security Administration staff in creating strategies for sharing resources to meet the needs of the Hispanic families.

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 interested in doing similar work.

- 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, Tribal organizations, and nations in all fifty states and territories. Lead Council staff serves on the NASOMH Board of Directors as a member at large representing Region X. One objective of NASOMH is to communicate, document, and champion best practices at the state level in eliminating health disparities. Therefore, through its partnership with 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 and through its affiliation with NASOMH, the Council is a member of the NPA. Partners in the NPA initiative are working to create national and regional blueprints for ending health disparities. Council members and Council staff have actively participated in efforts to develop the national and regional plans and will continue to track these efforts to leverage resources and ensure alignment between the NPA and the work of the Council.

- In August 2009, Council staff participated in a conference call with staff from the health departments in Washington, Hawaii, and California. Health department staff members in Hawaii and California are participating in a Leadership Development Program with the Public Health Institute Center for Health Leadership and Practice and were interested in the Council's interagency structure as a potential model for their states. Council staff was able to share information about the Council's organization, experience, and work.

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 2009 legislative session, Senator Franklin, Representative Santos, and Representative Morrell asked the State Board of Health, in collaboration with the Council to assess the potential impacts that proposed cuts to health and human services might have on health disparities. The health impact review concluded that proposed cuts to the General Assistance-Unemployable Program, the Basic Health Program, and the Universal Vaccine Program would adversely affect the health of Washingtonians. Moreover, because the cuts would disproportionately impact those who are already disadvantaged, including low-income families and children, communities of color, and women, they would likely result in an increase in health disparities by income, race/ethnicity, and gender.

Funding for health impact reviews was suspended for the 2009-2011 biennium. Board and Council staff is committed to trying to complete future requests with reduced resources. Health impact reviews completed to date are available on the State Board of Health's Web site: www.sboh.wa.gov/HIR.

VI. OTHER HEALTH DISPARITIES WORK RESULTING FROM JOINT LEGISLATIVE COMMITTEE ON HEALTH DISPARITIES RECOMMENDATIONS

In 2006, the Council's authorizing legislation was passed along with two other pieces of legislation resulting from recommendations of the Joint Legislative Committee on Health Disparities. These bills were related to the diversity and cultural competence of the health care workforce, issues that the Council and its advisory committees have a strong interest in since both are associated with improved health

outcomes for diverse patient populations.
2SSB 6193 authorized the Department of Health in collaboration with the Workforce Training and Education Coordinating Board to survey the health professionals it licenses in order to collect demographic data, including race/ethnicity. Each profession was to be surveyed every two years. In 2007, surveys were conducted for registered nurses, licensed practical nurses, and dental hygienists. In 2008, surveys were conducted for dentists, physicians/osteopathic physicians, physicians/osteopathic physician assistants, pharmacists, chiropractors, and advanced registered nurse practitioners. Survey datasets are available on the Department of Health's Web site. Unfortunately, original funding was not sufficient to allow for analyses of the data. With funding from the Washington Center for Nursing, researchers from the University of Washington Center for Health Workforce Studies completed analyses of the Registered Nurse, Licensed Practical Nurse, and Advanced Registered Nurse Practitioner data. Study findings revealed that, with few exceptions, Hispanic and non-White individuals remain disproportionately underrepresented among the nursing professions.
As a result of budget constraints, the Department of Health decided not to continue the workforce demographic survey. Department of Health staff has been developing a report to the Legislature that outlines the effectiveness of the survey, the use of survey information, and the extent to which shortages have been alleviated. Staff sought input on recommendations for improving the survey should the survey be reinstated. The Council understands that the Department of Health has plans to move its health professions licensing renewal process to an online system in the future. The Council recommends that as the Department works to create an online licensing system, that it considers mechanisms for linking survey administration to online license renewals once available. The Council suggests that if the cost of administrating the health professions demographics survey could be considerably reduced if linked to online license renewals, then the Department could reinstate survey administration.

ESB 6194 authorized the Department of Health in consultation with the health professions licensing boards, commissions, and committees to create a multicultural health education program for health professionals. According to ESB 6194, the purpose of the training program is to "raise awareness and educate health care professionals regarding the knowledge, attitudes, and practice skills necessary to care for diverse populations to achieve greater understanding of the relationship between cultures and health." The Council received a briefing on the Department of Health's training guide *Multicultural Awareness in Health Services, A Guide for Health Care Providers* at its September 10, 2009 meeting.

In accordance with statute, the health professions disciplining authorities "may require that instructors of continuing education or continuing competency programs integrate multicultural health into their curricula."
To date, none of the boards, commissions, and committees has mandated multicultural health education as a continuing education requirement. Staff at the Department of Health have been presenting the multicultural education program to the boards, commissions, and committees and have been asking them to discuss the continuing education option with their members. The Council provided letters to each of the boards and commissions asking them to encourage the health professionals they license to consider the Department's training guide and other cultural competency training for continuing education credit.

In addition, ESB 6194 included language that "each education program with a curriculum to train health professionals for employment in a profession credentialed by a disciplining authority... shall integrate into the curriculum instruction in multicultural health as part of its basic education preparation curriculum." The deadline for incorporating training was July 1, 2008. To date, no such inventory of the extent to which multicultural health training has been integrated into health professions training curricula has been conducted.

In addition to the Department of Health's work to create a multicultural health education program, others have developed training courses to assist health care providers develop the knowledge and skills to provide effective and appropriate care to diverse patient populations. As an example, the federal Health Resources and Services Administration at the U.S. Department of Health and Human Services has created a free online training titled, *Unified Health Communication 101: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency.* The training is designed to help health care providers improve their patient communication skills; increase their awareness and knowledge of health literacy, cultural competency, and limited-English proficiency; and implement patient-centered communication practices that demonstrate cultural competency and appropriately address patients with limited health literacy and limited-English proficiency. The training is available at: www.hrsa.gov/healthliteracy/training.htm.

VII. NEXT STEPS FOR THE COUNCIL

In the upcoming months, the Council will release the recommendations from its advisory committees, which the Council has provisionally endorsed, for review and comment from the public. Final recommendations will then be incorporated into the Council's state action plan to eliminate health disparities. The plan will also include a set of language access recommendations to improve the availability of culturally and linguistically appropriate health literature and interpretive services. The Council remains on track to submit its action plan to the Governor and Legislature by December 2010.

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