



GOVERNOR'S INTERAGENCY COUNCIL  
ON HEALTH DISPARITIES

December 2016 Update  
State Action Plan to Eliminate Health Disparities



CONTENTS

Introduction ..... 1

Community Forum Summaries ..... 2

Equity in State Government ..... 4

Council Membership ..... 9







The Governor's Interagency Council on Health Disparities (Council) is charged with creating recommendations for the Governor and the Legislature to eliminate health disparities by race/ethnicity and gender.

The Council was created by the Legislature in 2006. In recognition of its 10 year anniversary, it held two community forums.

This report provides summaries of public comments received during the community forums. In addition, it highlights agency success stories in promoting equity in state government.

## COMMUNITY FORUM SUMMARIES

This year, the Council held two community forums in order to raise awareness of the Council, report back to the community on its work, and seek input to guide future activities.

The first forum was held on May 11, 2016 in Wenatchee at the Wenatchee Convention Center. Twenty-one members of the public and 11 Council members participated in the discussion. The second forum was held on September 15 at the University of Puget Sound in Tacoma and thirty-four community members attended along with 13 Council members.

During the community forum in Wenatchee, participants discussed whether the general public had an awareness and understanding of health disparities. The general consensus was that the community probably doesn't know very much about health disparities because they are facing many challenges beyond health, including meeting basic needs. Participants also indicated that health literacy is a barrier for many.

Wenatchee forum participants also discussed ways to improve outreach and engagement with the community. Many stressed the need for building relationships by meeting the community where they gather, such as churches, soccer matches, and swap meets. They also highlighted the need for state government to align its community engagement strategies by providing a one-stop resource for people to get information about state services and to provide input and feedback.

Community forum participants in Tacoma discussed how state government services can be more fair and equitable. They talked about the need for meaningful community engagement in state government decision-making, and provided suggestions to create community boards, strengthen relationships with local organizations, and pay community members for their expertise. They also talked about the importance

of diversity in mid-level and upper management positions within state agencies. Participants suggested creating mentorship programs for diverse staff, removing names from applications to limit bias, sharing job announcements more broadly, incorporating cultural humility into the hiring process, and not requiring advanced degrees when they are not necessary.

At both forums, community members provided input on future priorities for the Council. Suggestions included priority populations, such as people with disabilities and immigrants; health issues like access to dental care and mental health; and social determinants, including educational attainment, housing, and a living wage. The word cloud, on the next page, captures the community input provided on future Council priorities.

The Council thanks the Foundation for a Healthier Washington, Office of Superintendent of Public Instruction, Commission on Hispanic Affairs, and University of Puget Sound Race and Pedagogy Institute for sponsoring the community forms. The Council also thanks the City of Wenatchee, Initiative for Rural Innovation and Stewardship (IRIS), and Community Choice for assistance and participation in the Wenatchee forum.

More detailed summaries of the community forums can be found on the [Council's website](#).



Supplier Diversity  
Case Management  
**Dental Access**  
Chronic Disease Healthcare Workforce Diversity  
**Immigrant Health**  
Health Homes Prenatal Care  
**Educational Outcomes**  
Parental Support Vital Services  
**Homelessness**  
**Affordable Housing**  
Suicide Prevention Immigrant Health  
**Education Access**  
Living Wage School Health  
Disabilities **Access ACES**  
**Mental Health**





## EQUITY IN STATE GOVERNMENT

In its previous report, the Council submitted a recommendation to the Governor to create an Equity in State Government Initiative. Similar initiatives have been in existence in the City of Seattle and King County for more than a decade and the Council believes Washington State has an opportunity to be a leader at the national level by promoting equity in a systematic way at the state level.

In this update, the Council wanted to restate its recommendation and share examples of how state agencies are already doing good work toward its implementation. The Council is happy to share how the Department of Social and Health Services (DSHS) is creating a comprehensive structure with dedicated staff support to promote a diverse and inclusive workforce and culture and how the Department of Health is finding opportunities to intentionally and proactively assess policies for potential impacts on health equity and tribal health. And the Council is excited to showcase how the Department of Early Learning is developing and implementing a comprehensive, agency-wide initiative to promote racial equity.

These are examples of best and promising practices that can be duplicated by other agencies. And while this work is worth applauding, the Council also recognizes that much work remains. Current efforts are scattered and implementation is uneven within and across agencies.

Therefore, the Council believes that a statewide emphasis and commitment to intentionally consider equity in all of the state's work is essential if Washington is to redress the persisting inequities we face. It is essential to close the educational opportunity gap, to reduce disproportionality in the criminal justice and child welfare systems, to promote environmental justice, and to reduce health disparities.





## Equity Example #1

### DEPARTMENT OF SOCIAL AND HEALTH SERVICES: DIVERSITY AND INCLUSION

The Department of Social and Health Services (DSHS) has developed a robust, agency-wide structure for advancing equity, diversity, and inclusion among its employees, customers, and partners. As a foundation, DSHS has an Office of Diversity and Inclusion with three dedicated staff, including a Senior Director of Diversity and Inclusion. The office works with the Human Resource Department on compliance for the Americans with Disabilities Act, civil rights protections, and other related federal, state, and agency policies. The office also supports the agency's cultural competency activities, which include the development and implementation of cultural competency action plans for each of the eight DSHS Administrations.

The DSHS Office of Diversity and Inclusion supports an agency-wide Equity, Diversity, and Inclusion Council (EDIC). The EDIC focuses on developing high performance DSHS Enterprise-wide equity, diversity and inclusion strategies.

The EDIC is made up of leads and alternates from each of the eight Administrations and the Human Resource Department as well as subject matter experts. The format for monthly EDIC meetings includes rotating facilitators, a training component, and presentations related to EDI strategies or forum discussions about relevant EDI topics.

The EDIC has accomplished the following:

- Five (one each month since June 2016) Eyes on EDIC newsletters.
- An interactive SharePoint site that features a variety of resources and tools.
- A number of shared resources including frameworks and processes for difficult conversations, videos, articles, and interactive educational games.

The agency is currently certifying employees that will empower leaders to advance the organization beyond diverse representation towards thought leadership, and empower employees to deliver comprehensive solutions to diversity challenges in the workplace. The agency has a plan to appoint dedicated staff to manage equity, diversity, and inclusion efforts within each Administration.

**Equity** – fairness with each other and those we serve.

**Diversity** – embracing differences in ourselves and others.

**Inclusion** – cooperation, collaboration, and responsibility.

Office of Diversity and Inclusion  
Department of Social and Health Services



## Equity Example #2

### DEPARTMENT OF HEALTH: EQUITY ASSESSMENT IN BILL ANALYSES

In January 2014, the Department of Health created a cross-agency Health Equity Workgroup to ensure the agency's programs, information, and services all work to intentionally promote equity.

The workgroup developed and is implementing a comprehensive work plan, which includes a strategy to develop and implement a process for using an equity lens in agency bill analyses.

For the 2015 legislative session, the Department added two items to its standard bill analysis form:

- Describe any positive or negative impact the bill may have on tribal health concerns.
- Describe any positive or negative impact the bill may have on health equity or health disparities.

The items were included immediately prior to the 2015 legislative session, so there was not an opportunity to provide training to bill analysts. However a short reference sheet was provided to help analysts with their responses.

Following the 2015 session, the Health Equity Workgroup conducted an assessment to identify future resource and training needs for bill analysts. Based on feedback, training was implemented in preparation for the 2016 legislative session.

As part of quality improvement, the Department continues to assess analysts' training and resource needs and modify as necessary.

The inclusion of these two equity-related items on the bill analysis form is a concrete example for how the Department intentionally and systematically considers equity in policy development. Senior leaders discuss the responses during agency bill review meetings.

Responses are used to help the agency determine positions on legislation, develop talking points for testimony, and guide when the agency might recommend amended language to a bill.

“Health equity exists when all people have the opportunity to attain their full health potential and no one is prevented from achieving this potential because of the color of their skin; ancestry; level of education; gender identify; sexual orientation; the job they have; the neighborhood they live in; or whether they have a disability”.

Health Equity Workgroup  
Department of Health



### Equity Example #3

## DEPARTMENT OF EARLY LEARNING: RACIAL EQUITY INITIATIVE

The Department of Early Learning (DEL) has set a goal to ensure that ninety percent of Washington children are ready for kindergarten by 2020, with race and income no longer being predictors of success.

This is a complex and ambitious undertaking that will likely present many challenges, particularly around eliminating racial disparities. To address this challenge, DEL is taking a systematic, agency-wide approach to promoting racial equity in all its work.

DEL is specifically focusing on race with this initiative because most early learning programs and services have historically been targeted for low-income families, yet children of color remain less likely to enter kindergarten with the skills they need to succeed.

DEL has appointed a full-time lead dedicated to managing all aspects of the Racial Equity Initiative. The agency has also recently assembled a Racial Equity Team with representatives from each division to provide leadership in developing and implementing a comprehensive strategy, tools, and approach to advancing racial equity. In addition, DEL has a dedicated budget to support the foundational work necessary to lead for equity, including consultation and staff training.

To track results and measure its impact on children and families, DEL is developing an Equity in Service Provision and Outcomes report.

The report will provide baseline data on DEL's programs, including children and service provider demographics and languages spoken, equity in service provision, and equity in outcomes. In many cases these data are not collected for all programs, so the report will also inventory any gaps in information.

The baseline data from this report will be one of the tools used to develop a comprehensive racial equity strategy for DEL, which will include a framework or shared approach to leading for equity and a plan with specific goals, data, benchmarks, and priorities to close opportunity gaps and remove barriers for children, families and professionals of color.

The Racial Equity Team will be responsible for developing and supporting the use of tools and processes necessary to implement the racial equity strategy. This will include racial equity impact analysis tools for program, policy, and budget decisions as well as an agency-wide family, community, and stakeholder engagement protocol to ensure that policies and decisions are meaningfully informed and influenced by those most impacted and marginalized.

The team will also play a critical role in setting the conditions and environment necessary for change by supporting staff with conversations and trainings on issues of race and equity and serve as a forum for the exchange of ideas and information across divisions.

The purpose of the Racial Equity Initiative is to develop and implement a comprehensive strategy that strengthens DEL's capacity to advance racial equity and eliminate disparities in child outcomes.



## RECOMMENDATIONS TO PROMOTE EQUITY IN STATE GOVERNMENT

The Governor should consider issuing policy to create a comprehensive initiative to promote equity in state government. Input from diverse communities and tribes should be gathered and used to inform the creation of the policy.

Consideration should be given to lessons learned and recommendations from local equity initiatives and comprehensive frameworks.

The Governor's Interagency Council on Health Disparities offers to serve as a resource. The policy should include but not necessarily be limited to the following actions:

- Ensure that diverse racial/ethnic communities, tribes, low-income communities, and others are included and have a voice in state government decisions.
- Improve access to information and services for people who speak languages other than English.
- Increase the diversity of the state workforce at all levels to reflect the growing diversity of Washington State, including racial/ethnic, language, and disability diversity.
- Improve the cultural humility of the state workforce at all levels to better serve all people in Washington State.
- Assess potential impacts of policy, program, and budget decisions on equity and make necessary changes to maximize benefits and limit harms.
- Improve equity in grant and contracting practices, including increasing the percent of grants and contracts awarded to community based organizations serving diverse communities.
- Ensure that organizations that receive state support are also accountable for promoting equity.

- Promote the exchange of information and best practices to promote equity across state government.
- Collect, analyze, and distribute disaggregated data to uncover and raise awareness of inequities that exist within our state's diverse communities.
- Create performance metrics and track progress in making state government more equitable, such as through Results Washington.



## COUNCIL MEMBERSHIP

The Council has 17 members: a chair appointed by the Governor; representatives of 14 state agencies, boards, and commissions; and two members of the public who represent health care consumers. A list of current Council members is provided below. The interagency structure of the Council allows it to have a statewide and broad approach to addressing health disparities. The Council considers not only health and health care issues, but also the social factors that influence health, such as education, poverty, employment, and the environment.

Governor's Representative and Council Chair	Benjamin Danielson
Consumer Representative and Council Co-Chair	Emma Medicine White Crow
Consumer Representative and Council Vice Chair	Frankie T. Manning
Commission on African American Affairs	Sara Franklin
Commission on Asian Pacific American Affairs	Lori Wada
Commission on Hispanic Affairs	Nora Coronado Diane Lindner (alternate)
Department of Agriculture	Kim Eads
Department of Commerce	Diane Klontz
Department of Early Learning	Greg Williamson
Department of Ecology	Millie Piazza John Ridgway (alternate)
Department of Health	Paj Nandi Gail Brandt (alternate)
Department of Social and Health Services	Marietta Bobba
American Indian Health Commission <sup>1</sup>	Willie Frank Jan Olmstead (alternate)
Health Care Authority	Jessie Dean
Office of Superintendent of Public Instruction	Mona Johnson
State Board of Health	Stephen Kutz
Workforce Training and Education Coordinating Board	Nova Gattman

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





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**Striving to Eliminate Health Disparities by Race/Ethnicity, and Gender in Washington State**

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