

GOVERNOR'S INTERAGENCY COUNCIL
ON HEALTH DISPARITIES

JUNE 2016 UPDATE

State Action Plan
to Eliminate Health Disparities



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January 3, 1937 - March 23, 2016

In memory of Gwendolyn M. Shepherd for her nearly 10 years of service to the Council and for her fearless and unyielding commitment to promoting the health of her community and dedication to inclusion on all our behalf.



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

The Council was created by the Legislature in 2006, and in recognition of its 10 year anniversary, this report will recap a recent meeting with the Council's legislative sponsor, Senator Rosa Franklin, in which she shared her initial vision for the Council and its work. It also includes highlights of Council activities and successes as well as a new Council recommendation to promote equity in state government.

COUNCIL'S 10 YEAR ANNIVERSARY

This year marks the 10 year anniversary of the passage of Second Substitute Senate Bill 6197 (2006), which created the Governor's Interagency Council on Health Disparities.

The bill, prime sponsored by Senator Rosa Franklin, was one of four bills that passed that year resulting from recommendations of the Joint Select Committee on Health Disparities.

Last year on September 3, Council members and staff had the pleasure of meeting with Senator Franklin to hear her story about how the Council was created. She began her story by acknowledging the 30 year anniversary of U.S. Department of Health and Human Services Secretary Margaret Heckler's *Report of the Secretary's Task Force on Black and Minority Health*, commonly referred to as the Heckler Report.

The sentinel report was one of the first to document health disparities and the major factors contributing to higher rates of morbidity and mortality among communities of color. As a result of the report, the federal Office of Minority Health was created the following year.

Senator Franklin shared her journey from when she started nursing school, to her work in the military, to her work as a community advocate in Tacoma, and finally as a health advocate in the Legislature. She discussed how she was elected because of her grassroots community in Tacoma and how she was dedicated to serving them in the Legislature.

Senator Franklin described the multiple barriers her community was facing, including unaffordable and unsafe housing, environmental injustice, and the educational opportunity gap.

She said these factors were interconnected with each other and with health. She explained how she created the Council with an interagency structure in order to address all the various social and economic factors that affect health.

Senator Franklin thanked the Council for its work and advised that the Council continue to report back to the community. In direct response to that advice, and in celebration of its 10 year anniversary, the Council is holding two community forums—the first on May 11 in Wenatchee and the second on September 15 in Tacoma.

The forums will provide an opportunity for the Council to report back on its work and seek community input to guide future activities.



L-R back row: Melanie Hisaw, Christy Curwick Hoff, Vazaskia Crockrell, Emma Medicine White Crow, Michelle Davis, Sierra Rotakhina.
L-R front row: Senator Rosa Franklin, Kelie Kahler

Action Plan for Eliminating Health Disparities

The Council's primary responsibility is to create an action plan for eliminating health disparities by 2012, followed by biannual updates. Statute includes a list of health topics that the Council is directed to prioritize and address on an incremental basis along with addressing the social determinants of health.

The Council convenes advisory committees to help with the creation of the action plan. Selected accomplishments toward this responsibility follow.

- The Council submitted its first action plan in 2010—two years ahead of schedule.
- The Council has submitted seven action plan updates.
- The Council has selected 13 priorities.
 - The Council has convened 8 advisory committees to address 9 priorities—health insurance coverage, healthcare workforce diversity, education, obesity, diabetes, behavioral health, environmental exposures and hazards, poverty, and adverse birth outcomes.
 - The Council convened one workgroup to address the priority of promoting equity in state government.
 - The Council is addressing 3 priorities through Council member and staff participation in existing activities and initiatives—these priorities are adverse childhood experiences, Healthiest Next Generation, and National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards).
- The Council has convened 39 advisory committee meetings.
- 148 committee members, alternates, and advisors have participated on advisory committees.
- The Council, with assistance from its advisory committees, has submitted 35 recommendations.



Promoting Communication, Coordination, and Collaboration to Address Disparities

The Council is charged with promoting and facilitating communication, coordination, and collaboration among the public and private sector and communities of color to address disparities. A selection of activities toward this responsibility follows.

- The Council received a 3 year grant from the federal Office of Minority Health from September 2007 through August 2010. The grant allowed the Council to hire a Community Relations Liaison to engage communities in its work. Over the grant period, the Council initiated contact with 202 public and private organizations, reached an estimated 2,700 members of the public, and disseminated almost 6,000 Council outreach packets.
- The Council received a 3 year grant from the federal Office of Minority Health from September 2010 through August 2013. The grant allowed the Council to continue to fund its Community Relations Liaison position as well as to support community activities to address disparities. Over the course of the grant project, the Council participated in 186 community events reaching more than 26,000 individuals.
- The Council convened a Community Outreach Roundtable to improve communication and coordination and to leverage resources among public and private organizations that provide outreach to Washington's diverse communities. Between April 2011 and June 2013, the Council facilitated 8 roundtable meetings involving more than 100 individuals from more than 40 organizations or programs.
- Since October 2010 through the present, the Council has convened 15 Interagency Limited English Proficiency (LEP) Workgroup meetings to share best practices and leverage resources in ways that increase access to state information and services for people who speak languages other than English. More than 80 state agency employees from more than 30 agencies have participated in the workgroup.
- The Council has provided 35 letters of support to state agencies, universities, and community-based organizations in an effort to bring funding into the state to address health disparities.
- The Council maintains a website with a monthly average of 544 users, a Twitter account with 392 followers and an average of 309 visitors to the profile page per month, and a Facebook account with 404 followers and an average daily reach of 131 people.

SUCCESS STORY

The Council's Interagency LEP Workgroup identified a need for better data on the population with limited English proficiency and the top languages spoken statewide and by county. The Council facilitated discussions with the Forecasting Division at the Office of Financial Management. The [language data](#) are now available and will be updated on a periodic basis.

Understanding How State Government Actions Affect Health Disparities

The Council is responsible for gathering information to understand how the actions of state government improve or worsen health disparities. Some accomplishments toward this responsibility follow.

- The Council convened a [Community Forum on Health Equity](#) and members of the public in attendance were asked to share their thoughts on how state government might perpetuate disparities and possible solutions.
- The Council submitted a recommendation for promoting equity in its [2010 Action Plan](#). The recommendation was based on information from the King County Equity and Social Justice Initiative and Seattle's Race and Social Justice Initiative. The Council also investigated tools and strategies used by state agencies and private organizations and used public input to guide the development of the recommendation.
- In 2011, the Council selected the State System as a priority and formed a workgroup of Council members to work on recommendations. Workgroup members decided to focus on language access and how the state could do a better job of ensuring information and services are accessible for people who speak languages other than English.
- As part of its partnership with the Healthiest Next Generation Initiative, the Council crafted sample language that could be inserted into bills or other policies to ensure equity was being considered. The sample language is available in the report, [Promoting Equity in State Policy and Program Development](#).
- The Council received briefings on King County's Equity and Social Justice Initiative and Seattle's Race and Social Justice Initiative at its February 2016 meeting. The goal was to hear lessons learned and best practices for how the state could adopt strategies to be intentional in promoting equity.
- In April 2016, the Council created an online survey to collect input from the public on how the state could be more fair and equitable with its information and services—surveys were completed by 370 individuals. Equity in State Government Workgroup members also collected input at a number of community meetings.
- The Council held a community forum in Wenatchee on May 11. The purpose of the forum was to report back to the community on Council activities and successes. The forum also provided an opportunity to receive community input on how state government could be more fair and equitable in the services it provides.
- At its May 11, 2016 meeting, the Council adopted a recommendation for the Governor to create statewide policy to promote equity in state government.

SUCCESS STORY

Council members and staff provide technical assistance to agency programs on a regular basis to ensure equity is being considered. Recently the Council provided support to the Commission on Asian Pacific American Affairs in its successful effort to collect disaggregated racial/ethnic demographic data in the Healthy Youth Survey. This will help identify disparities among Asian subgroups in order to better target resources.

Recommend Actions Regarding Access to Culturally and Linguistically Appropriate Services

The Council is responsible for collecting information and recommending strategies to improve the availability of culturally and linguistically appropriate information and services within public and private health-related agencies. Due to the Council's responsibility to address the social determinants of health, the Council has broadened this work to include all state agencies. Select accomplishments toward this responsibility follow.

- The Council contracted with the Cross Cultural Health Care Program to assess strategies for organizing and disseminating culturally and linguistically appropriate materials. Results were published in the report, [Culturally and Linguistically Appropriate Health Education Materials: Access, Networks, and Initiatives for the Future](#).
- To obtain public input on community concerns, needs, and strategies to improve the availability of culturally and linguistically appropriate health information and services, the Council convened a [Public Forum on Language, Culture, and Health Care](#).
- The Council conducted research on Washington demographics related to limited English proficiency, federal requirements for providing language assistance services, Washington Statewide requirements for providing language assistance services, recent Washington activities related to language access, comprehensive language access policies in other states and local jurisdictions, and language access best practices. The findings were compiled in the [Council's Language Access Policy Paper](#).

- The Council submitted a set of language access recommendations for the Governor and state agencies in its [June 2014 Update](#).
- In July and August 2014, the Council administered a survey of state agencies to understand the extent to which agencies were implementing the Council's language access recommendations. The survey findings were presented in the Council's [December 2014 Update](#).
- From September 2013 – August 2015, the Council received a federal grant to promote adoption of the National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards). Deliverables from that grant included technical assistance to state agencies and healthcare partners as well as trainings. The Council collaborated with the Washington State Department of Health to create CLAS e-learning training sessions that are available on the Council's [CLAS website](#).

SUCCESS STORY

Council member agencies have been making strides to implement the CLAS Standards. As just one example, the Health Care Authority created a cross-agency CLAS workgroup, created an agency-wide CLAS policy, integrated CLAS into its strategic plan, and incorporated CLAS provisions into contracts with Apple Health managed care plans.

Conduct Health Impact Reviews

The Council is responsible for collaborating with the State Board of Health to conduct Health Impact Reviews (HIRs), which are objective analyses of legislative or budgetary proposals to identify likely impacts on health and health disparities.

- From 2007-2009: 7 completed HIRs
- From 2009-2013: Funding for HIRs was suspended
- From 2013-present: 24 completed HIRs

A list of HIRs requested, along with executive summaries and full reports of all HIRs are available on the Washington State Board of Health's [Health Impact Review web page](#).



Health inequities have been well documented since the Heckler Report was first published in 1985.

For the past thirteen years, the Agency for Healthcare Research and Quality has published the National Healthcare Quality Report and National Healthcare Disparities Report. The most recent report, published in 2015, concluded that health care access has improved dramatically, quality of health care is improving, and disparities related to race and socioeconomic status persist in access to and quality of care.¹

In Washington State since 2007, the Department of Health has documented inequities in health status, risk and protective factors, healthcare services, and health outcomes in *The Health of Washington State*.

Inequities are not just limited to health—they exist in every sector where they are measured. The populations who suffer health inequities are the same populations that are impacted by the educational opportunity gap and that experience disproportionality in the criminal justice and child welfare systems.

Throughout history, many governments have intentionally created inequity through policies about who could vote, who could own land, where certain populations could live or go to school, which languages could be spoken, and which crimes come with stricter penalties, as examples.

And today, inequities persist, in part, because of government systems that were built to create oppression and exclusion from opportunity and have yet to be dismantled. In addition, laws and systems may continue to unintentionally promote inequity when they are not proactively and systematically assessed for equity impacts.

¹ 2015 National Healthcare Quality and Disparities Report and 5th Anniversary Update on the National Quality Strategy. Accessed at: <http://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqdr/nhqdr15/2015nhqdr.pdf>.

Over the years, the Council and its advisory committees have recognized that health starts where we live, learn, work, and play.

Health is influenced more by the opportunities we have to get a good education, find a good job, and live in a safe and supportive community than by what happens in a doctor's office.

Therefore, the Council recognizes that promoting equitable opportunity across the lifespan is the key to eliminating health disparities and that state government has a significant influence over such opportunity.

Recently the Council convened an Equity in State Government Workgroup. The Workgroup reviewed past Council recommendations related to promoting equity; local, state, and national policies; and comments from the public about how state government could be more equitable.

The Workgroup and the full Council also received briefings on comprehensive local frameworks in King County, Seattle, and Tacoma. Several Workgroup and Council members attended the Governor's Summit on Race and Equity on April 15, 2016, which was the state's first gathering of public and private sector leaders to discuss how to advance policies and practices that promote racial equity.

Following the summit, workgroup members discussed the desire to build from the momentum and calls to action from the summit by providing a recommendation to the Governor to issue policy for advancing equity in state government.

Council Recommendations

The Governor should consider issuing policy to create a comprehensive initiative to promote equity ¹ 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. ²
- 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 humility³ of the state workforce at all levels to better serve all people in Washington State.

¹ Equity means "all people have full and equal access to opportunities that enable them to attain their full potential." – From King County Ordinance 1648

² The Health Disparities Council submitted previous recommendations that all state agencies adopt a written language access policy and plan and designate an agency language access coordinator and that the Governor assign an individual or office to serve as a central, statewide, coordinating entity on language access. The Council's complete language access recommendations are available in its [June 2014 report](#).

³ Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances, and to developing mutually beneficial partnerships with communities on behalf of individuals and defined populations. Citation: Tervalon and Murray-Garcia (1998). Cultural humility versus cultural competence: A Critical Distinction in Defining Physician Training Outcomes in Multicultural Education. *Journal of Health Care for the Poor and Underserved*; 9(2):117-125.

- 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
Consumer Representative and Council Vice Chair
Consumer Representative
Commission on African American Affairs
Commission on Asian Pacific American Affairs
Commission on Hispanic Affairs
Department of Agriculture
Department of Commerce
Department of Early Learning
Department of Ecology
Department of Health
Department of Social and Health Services
American Indian Health Commission
Health Care Authority
Office of Superintendent of Public Instruction
State Board of Health
Workforce Training and Education Coordinating Board

Emma Medicine White Crow
Frankie T. Manning
To be filled
Sara Franklin
Lori Wada
Nora Coronado (Alternate: Diana Lindner)
Kim Eads
Diane Klontz
Greg Williamson
Millie Piazza (Alternate: John Ridgway)
Gail Brandt
Marietta Bobba
Willie Frank (Alternate: Jan Olmstead)
Vazaskia Crockrell
Mona Johnson
Stephen Kutz
Nova Gattman

COUNCIL REPORTS

The Governor's Interagency Council on Health Disparities is required to create an action plan to eliminate health disparities by race/ethnicity and gender and to update the plan biannually. **A description of past Council action plans and report updates are available on our website: www.healthequity.wa.gov**





striving to eliminate health disparities
by race/ethnicity and gender in
Washington State