

GOVERNOR'S INTERAGENCY COUNCIL ON HEALTH DISPARITIES



2018 State Policy Action Plan to Eliminate Health Disparities

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INTRODUCTION

The Governor’s Interagency Council on Health Disparities (Council) is charged with creating a state policy action plan to eliminate health inequities by race/ethnicity and gender. This report outlines strategies to eliminate these gaps in health outcomes by promoting equity in state government. The background section of this report explains why the Council has chosen to focus much of its work on the social determinants of health. It also explains how promoting equity throughout state government can lead to equity in the social determinants of health, which can ultimately lead to health equity.

This action plan summarizes strategies that Council member agencies will commit to for the remainder of the 2017-2019 biennium to promote equity in state government. The Council recognizes that in order to be healthy, all communities should have equitable access to high quality early learning and education, affordable housing and healthy neighborhoods, safe working environments and living wages, and high quality healthcare services. Moreover, race/ethnicity and income should not be predictors of involvement in the child welfare or criminal justice systems. While state government cannot accomplish these goals on its own, it certainly has an important role to play. The commitments by Council member agencies are necessary steps toward obtaining a more equitable state government. The Council also recognizes that meaningful community engagement into state government decision making can help ensure information and services provided by the state are culturally and linguistically appropriate and accessible to all. Therefore, this report also includes recommendations to address important policy barriers that currently stand in the way of effective community engagement, particularly for communities facing health and other inequities.

BACKGROUND

Social Determinants of Health

The Council’s primary responsibility is to create a state policy action plan to eliminate health disparities by race/ethnicity and gender. This responsibility is summarized in RCW 43.20.270, which states the Legislature’s intent in creating the Council:

“The legislature finds that women and people of color experience significant disparities from men and the general population in education, employment, healthful living conditions, access to health care, and other social determinants of health.”

“It is the intent of the Washington state legislature to create the healthiest state in the nation by striving to eliminate health disparities in people of color and between men and women. In meeting the intent of chapter 239, Laws of 2006, the legislature creates the governor’s interagency coordinating council on health disparities. This council shall create an action plan and statewide policy to include health impact reviews that measure and address other social determinants of health that lead to disparities as well as the contributing factors of health that can have broad impacts on improving status, health literacy, physical activity, and nutrition.”

The intent section of the Council’s authorizing statute makes it clear that when identifying actions to eliminate health inequities, the Council must focus upstream on the social determinants of health. The Legislature defines social determinants of health in RCW 43.20.025 as “those elements of social structure most closely shown to affect health and illness, including at a minimum, early learning, education, socioeconomic standing, safe housing, gender, incidence of violence, convenient and affordable access to safe opportunities for physical activity, healthy diet, and appropriate health care services”. To put it a little more simply—health starts where we live, learn, work, and play.

Health Disparities are differences in incidence, prevalence, mortality, or burden of disease and other adverse health conditions that exist between specific population groups.

Equity is fairness and justice, focused on ensuring everyone has the opportunity to attain their full potential without disadvantage because of social position or other socially determined circumstances. Equity is distinct from **equality**, which refers to everyone having the same treatment without accounting for differing needs or outcomes.

BACKGROUND (CONT'D)

The Social Ecological Model of Health (Figure 1) depicts how an individual's health has multiple spheres of influence. At the center of the model is the individual, whose health can be influenced by his or her knowledge, attitudes, and behaviors. Next is the interpersonal level, where social support from friends and family can work to enhance health. At the organizational level, policies, programs, and practices of institutions, such as schools and businesses, can have an impact on one's health. At the community level, health can be influenced by community-based organizations, coalitions, campaigns, and other partnerships. The outermost level represents federal, state, local, and tribal policies that can have impacts on health. At all levels of the model, health can be influenced directly or indirectly through the social determinants of health.



Figure 1: Social Ecological Model of Health

BACKGROUND (CONT'D)

The Council's mandate to focus on the social determinants of health is also clearly illustrated by the interagency makeup of the Council itself. While the Council does include members from key health agencies such as the Department of Health, State Board of Health, Department of Social and Health Services, and the Health Care Authority, it also includes representatives of non-traditional health agencies. These include the Department of Early Learning, Office of Superintendent of Public Instruction, the Workforce Education Training and Coordinating Board, Department of Commerce, Department of Agriculture, and the Department of Ecology. By having these agencies represented on the Council, it has the ability to address factors that indirectly influence health, such as education, employment, housing, poverty, nutrition, and environmental conditions. The work of these agencies predominantly influences health indirectly through the organizational, community, and policy levels of the Social Ecological Model.

The Council also includes representatives from the Commissions on African American Affairs, Asian Pacific American Affairs, and Hispanic Affairs, as well as the American Indian Health Commission and two consumer representatives. These essential members help to ensure the Council includes the voices of historically marginalized communities experiencing health inequities.

In fulfilling its primary responsibility to create a state policy action plan to eliminate health inequities (per RCW 43.20.280), the Council:

"...must address, but is not limited to, the following diseases, conditions, and health indicators: Diabetes, asthma, infant mortality, HIV/AIDS, heart disease, strokes, breast cancer, cervical cancer, prostate cancer, chronic kidney disease, sudden infant death syndrome (SIDS), mental health, women's health issues, smoking cessation, oral disease, and immunization rates of children and senior citizens. The council shall prioritize the diseases, conditions, and health indicators according to prevalence and severity of the health disparity. The council shall address these priorities on an incremental basis by adding no more than five of the diseases, conditions, and health indicators to each update or revised version of the action plan."

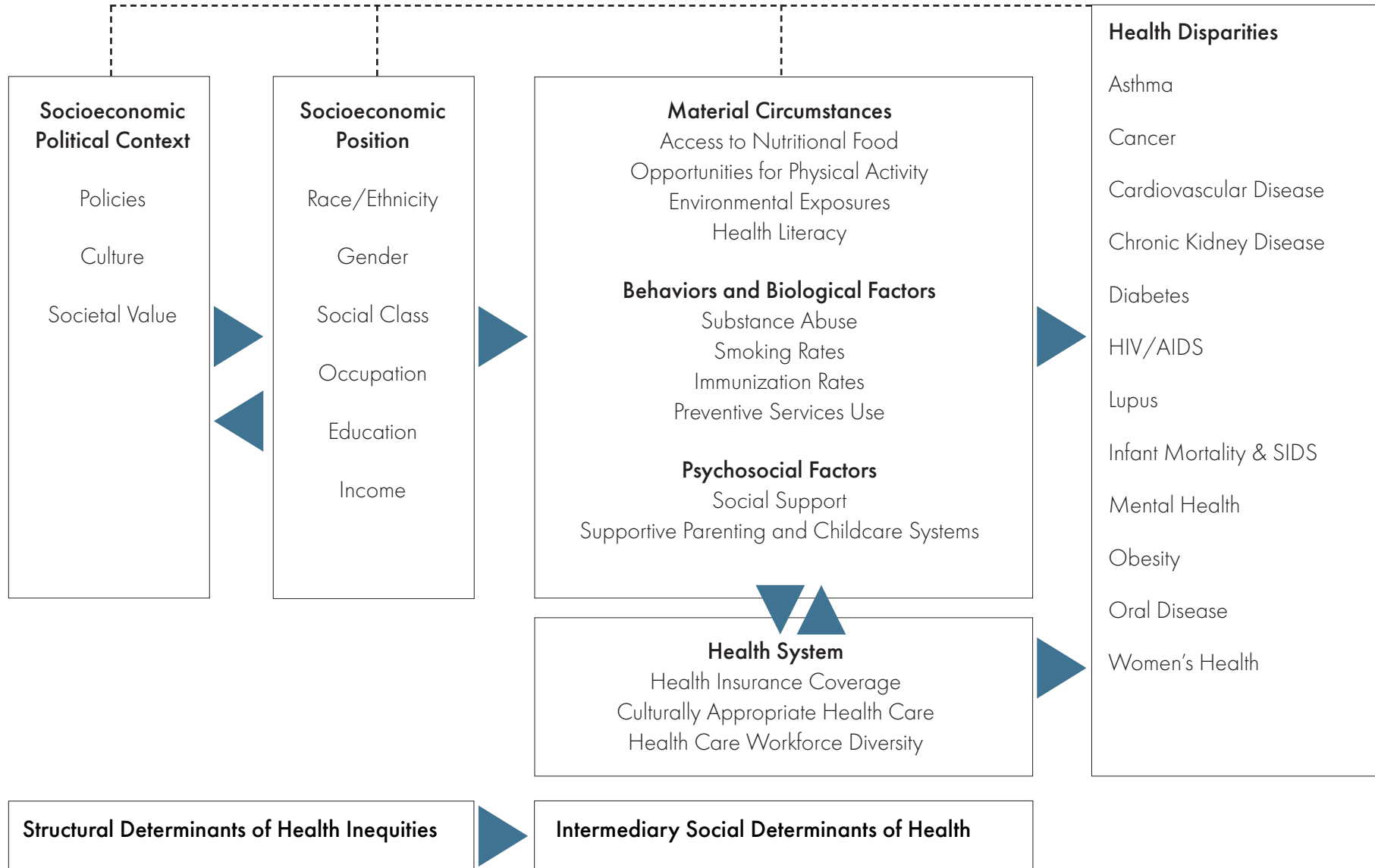
The Council recognized that the list of conditions and indicators listed in statute did not include many of the social determinants of health, so in its early years it sought community input about what else should be considered. The conditions and indicators listed in statute along with those informed by the community and added by the Council are included in the framework (Figure 2), which was formally adopted by the Council in 2007.

The framework was adapted from one developed for the Commission on Social Determinants of Health. It demonstrates how structural and social determinants ultimately impact health. The model assumes that those with lower socioeconomic position have less favorable material circumstances, health behaviors, psychosocial factors, and experiences with the health system. The unequal distribution of these social determinants of health constitutes the mechanism by which socioeconomic position generates health disparities.

In adopting the framework, the Council made an intentional decision to listen to the advice from community members and focus on the social determinants of health as a strategy to ultimately address all of the diseases, health conditions, and indicators listed in statute and added by the Council.

BACKGROUND (CONT'D)

FIGURE 2: FRAMEWORK LINKING THE SOCIAL DETERMINANTS OF HEALTH WITH HEALTH DISPARITIES



BACKGROUND (CONT'D)

Why Equity?

Equity differs from equality in that it assumes all communities are not starting from the same place. Achieving equity requires the systematic examination of policies and systems to understand where they may advantage some communities and unfairly burden others. Achieving equity also requires targeting programs and services to historically marginalized communities currently experiencing worse outcomes.

Washington State experiences some of the best outcomes in the nation; however inequities exist for almost every indicator by race/ethnicity, income, education level, and other demographics. For example, in some parts of our state, people who live within the same county may have a difference in life expectancy up to 13 years.¹

The Council recognizes that our success in life is shaped by our opportunities to make positive choices—unfortunately, we do not all have the same menu of choices to choose from. Equitable policies and programs across sectors (education, transportation, housing, economic development, criminal justice, employment, environment, etc.) create opportunities for all communities to thrive.

Why Government?

Historically, governments and institutions have intentionally created policies to advantage some and disadvantage others.² Some of these policies may still exist in total or in part because they have not been systematically dismantled. Today, state policies, programs, and decisions may unintentionally create inequity for a variety of reasons. They may be created without recognizing unintended consequences. Limited public engagement in state decision making and a workforce that does not fully reflect the populations it serves can contribute to such oversights. As an

example, Washington State employment applications ask for salary history information. Communities of color, women, and other disadvantaged groups have historically experienced inequitable pay gaps. By asking for salary history on applications, these groups are disadvantaged going into future pay negotiations.

Over the years, the Council has heard from its advisory committees and members of the public, particularly those from communities disproportionately experiencing inequities that we need to address the structural and institutional inequities in our state system as a key strategy to eliminate health inequities. While state government has an important role to play, it cannot reverse all of our state's persisting inequities on its own. Organizations in the non-profit, philanthropic, business, and local government sectors are also working to promote equity and there are opportunities to partner and align efforts.

¹King County Equity and Social Justice Annual Report, December 2015

²Bailey et al., (2017). Structural racism and health inequities in the USA: evidence and interventions. *The Lancet* 389(10077): 1453-1463.

EQUITY IN STATE GOVERNMENT ACTION PLAN

In June 2016, the Council issued a recommendation³ to promote equity in state government and in this report, it reiterates that recommendation.

Equity in State Government Recommendation: 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.

Currently, there are state agency programs implementing best practices and others are testing new strategies to promote equity, however this work is fragmented and inconsistent across state government. The Council believes that a comprehensive, enterprise-wide approach to intentionally consider equity in government policies, programs, and decisions is needed for enduring change to occur.

By taking action to promote equity in state government, race/ethnicity, income, gender, and other demographics will no longer be predictors of state service delivery or outcomes. In other words, by promoting equity in state government we can create equity in the social determinants of health and ultimately eliminate health inequities.

The Council is committing to actions through the remainder of the 2017-2019 biennium in order to support coordination and exchange of information and best practices toward the implementation of its equity in state government recommendations (Appendix, Table 1). In addition, state agencies with representation on the Council have also committed to implementing strategies to promote equity. These commitments are outlined in Tables 2-7 in the appendix, which include the specific strategies to be implemented, performance measures, and the agencies that have committed to each strategy.

³[Governor's Interagency Council on Health Disparities' June 2016 report](#) (see pages 8-9)

COMMUNITY ENGAGEMENT

Over the years the Council has heard from advisory committee members or through comments at public testimony or community forums that the state could improve its efforts with community engagement. The Council has heard multiple suggestions for how the state could improve its outreach to the community and these suggestions have been documented in past reports. The Council has also heard about and experienced policy and process barriers that hinder meaningful community engagement, particularly as it relates to participation on boards and commissions and community advisory committees. At its May 2017 meeting, the Council directed staff to conduct an assessment to identify policy and process barriers, which might require policy change, and to develop recommendations for the Council's consideration.

Council staff reviewed relevant materials including statutes, policies, procedures, forms, and websites. Staff reviewed statutes related to compensating members of part-time boards and commissions (RCW 43.03.220), reimbursing members of boards and commissions (RCW 43.03.050), and reimbursement for mileage (RCW 43.03.060). Other applicable documents reviewed included:

- Travel policies in the State Administrative & Accounting Manual issued by the Office of Financial Management.
- Engrossed Second Substitute House Bill 1371 (2011-2012), which places restrictions on allowances and travel for members of boards, commissions, councils, and committees identified as class one through class three and class five.
- The July 2011 memo from the Office of Financial Management regarding travel allowances for class one, two, three, and five groups.
- The Office of Financial Management webpage dedicated to travel expenses for boards and commissions.
- The Department of Enterprise Services webpage dedicated to receiving payment from the State.
- Governor Inslee's Executive Order 17-01 —Reaffirming Washington State's Commitment to Tolerance, Diversity, and Inclusiveness.

After gaining an understanding of the current landscape, staff then engaged with staff in key agencies to better understand how these policies and procedures impact organizations in practice. Feedback was received from the Washington State Commission on Hispanic Affairs, Washington State Commission on Asian Pacific American Affairs, the Office of Financial Management, the Department of Enterprise Services, and the Governor's Office.

Community Engagement Recommendations

1. **Community Engagement Recommendation 1** (for the Governor's Office): Remove application questions for boards and commissions about an applicant's citizenship status and criminal history. Use these questions only as additional screening questions for successful candidates and only for those boards and commissions as required by statute. Some boards and commissions require by statute the consideration of an applicant's citizenship status in the appointment process. However, there are a number of appointments that do not require this information and stakeholders indicated that non-citizens have been appointed in the past. Stakeholders also indicated that having a criminal record does not necessarily disqualify an applicant from appointment consideration and staff work with applicants to understand the context of the situation. Therefore, in order to encourage diverse applicant pools and to ensure consistency with Executive Order 17-01, which prohibits state agencies from conditioning provision of services or benefits upon a resident's immigration status (unless required by law), the Council recommends removing questions about citizenship and criminal history from the initial board and commission application. Instead, the Council recommends that they be considered only on a case by case basis and only as required by statute.

COMMUNITY ENGAGEMENT (CONT'D)

2. **Community Engagement Recommendation 2** (for the Legislature):

Ensure that reimbursements are provided for subsistence, lodging, and travel for non-legislative members of work groups or task forces that are created by the Legislature. When the Legislature creates a task force or work group, reimbursement for subsistence, lodging, and travel are not always provided for non-legislative members. This often leaves the burden of reimbursement with the agency or organization that the member is representing. Council staff heard from boards and commissions that due to budgetary constraints they are often unable to send representatives to all of the meetings that they are invited to participate in. The lack of dedicated funding can be a particular barrier for small boards and commissions with limited budgets, such as the racial/ethnic commissions, which are often charged with identifying representatives to serve on task forces and work groups. Moreover, these public representatives are often selected because they are primary members of historically marginalized groups, and by definition, may lack resources necessary to participate. Therefore, the Council recommends that the Legislature consistently provide funding for subsistence, lodging, and travel expenses for all public members appointed to work groups and task forces.

3. **Community Engagement Recommendation 3** (for the Legislature):

Eliminate the prohibition of using State General Fund dollars to reimburse members of boards, commissions, councils, and committees identified as class one through three and class five for travel. Currently, members of class one through three and class five boards, commissions, councils and committees are not allowed to receive an allowance for travel and related expenses if the cost is funded by the State General Fund. However, there are processes in place that allow for exemptions if the expenses are related to the critically necessary work of an agency. The process for receiving an exemption is outlined on the Office of Financial Management's website and it requires most

agencies and organizations to submit an exemption form for approval that is signed by the agency director or group leader. This process creates an unnecessary administrative burden and if an agency finds the work critically necessary, and has the budget to provide for their members, it should be standard of practice that a reimbursement may be provided. Staff from the Office of Financial Management indicate that they receive about 20 requests per year and they have yet to deny a request. Therefore, the Council recommends that the Legislature rescind the prohibition for using State General Fund dollars to reimburse travel expenses for members of class one through class three and class five groups.

- ### 4. **Community Engagement Recommendation 4** (for the Department of Enterprise Services):
- Investigate alternate ways to reimburse community members for participation that do not require a social security number. In order for a community member to be reimbursed by a state agency they must register with the Statewide Payee Desk at the Department of Enterprise Services by filling out a registration form, which requires either a social security number or an employer identification number. Requiring a social security number may prohibit meaningful engagement from individuals that are unable to provide this information and for whom the costs associated with participation, such as travel, are prohibitive. Moreover, it is not consistent with the intent of Executive Order 17-01, which prohibits state agencies from conditioning provision of services or benefits upon a resident's immigration status (unless required by law). The Council recommends the Department of Enterprise Services critically examine the necessity of requiring a social security number for reimbursement and explore alternate ways that reimbursement could be provided without this stipulation.

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.

Governor’s Representative and Council Chair	Benjamin Danielson
Consumer Representative and Council Vice Chair	Frankie T. Manning
Consumer Representative	Vacant
Commission on African American Affairs	Sara Franklin
Commission on Asian Pacific American Affairs	Lori Wada
Commission on Hispanic Affairs	Nora Coronado Diana Lindner (alternate)
Department of Agriculture	Jill Wisehart
Department of Commerce	Diane Klontz Kendrick Stewart (alternate)
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 ⁴	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	Patrick Woods

⁴ The Governor’s Office of Indian Affairs delegated authority to the American Indian Health Commission to appoint a representative to the Council.

APPENDIX

Agencies' Action Plan to Promote Equity in State Government (Timeline – Through June 2019)

TABLE 1: COORDINATION AND EXCHANGE OF INFORMATION AND BEST PRACTICES: STRATEGIES TO BE IMPLEMENTED BY THE GOVERNOR'S INTERAGENCY COUNCIL ON HEALTH DISPARITIES

STRATEGY	PERFORMANCE MEASURE
1.1 Compile existing information, tools, and resources to assist agencies in promoting equity and post to Council's website.	Number of resources posted to Council website
1.2 Create an equity work plan template with sample strategies and performance measures.	Date template created
1.3 Convene the Interagency Equity Workgroup to facilitate exchange of information, sharing of best practices, and identification of opportunities for collaboration across state government.	Number of meetings
1.4 Connect with organizations in the non-profit, philanthropic, business, and local government sectors who are also working to promote equity to identify opportunities to align efforts.	Number of organizations contacted

APPENDIX (CONT'D)

TABLE 2: COMMUNITY ENGAGEMENT

STRATEGY	PERFORMANCE MEASURE	AGENCIES
2.1 Adopt a community engagement guide aimed at creating opportunities for public input and feedback on programs, services, policies, and decisions.	Date community engagement guide adopted	Dept. of Commerce Dept. of Early Learning Dept. of Ecology Dept. of Health Workforce Board
2.2 Explore with Board members the establishment of an agency equity policy and adopt an agency manual on equity activities	Receive direction from Board on the adoption of a policy and development of agency manual on equity. If adopted share with other agencies.	Workforce Board
2.3 Increase staff time at community-driven events.	Number of events attended	Dept. of Commerce State Board of Health
2.4 Provide assistive community technology	Increase the number of locations that serve the public and clients with assistive listening systems from 140 in July 2017 to 200 in June 2018.	Dept. of Social & Health Svc. (Aging and Long Term Care)
2.5 Expand case management services	Increase the number of clients served by the Regional Service Centers of the Deaf, Deafblind, Deaf Plus, hard of hearing and late deafened from 500 in June 2017 to 600 by June 2018.	Dept. of Social & Health Svc. (Aging and Long Term Care)
2.6 Actively pursue actions to work in collaboration and consultation with American Indian tribes and American Indian organizations.	TBD	Dept. of Social & Health Svc. (Economic Svc.) Health Care Authority
2.7 Increase public safety by identifying and addressing policies and procedures that lead to racial and ethnic disparities in the juvenile justice system.	Decrease the percentage of youth of color in detention from 46% in June 2017 to 39% by June 2019.	Dept. of Social & Health Svc. (Rehabilitation Admin.)
2.8 Provide technical assistance to DSHS's Children's Administration, Behavioral Health Administration, Department of Children, Youth and Families, and tribes regarding coordination to update area agreements.	Develop or update Memorandums of Agreement with federally recognized tribes by June 2018.	Dept. of Social & Health Svc. (Svc. & Enterprise Support)
2.9 Assist the Economic Services Administration in developing and updating intergovernmental agreements with all tribes who operate TTANF Families.	Develop or update the number of intergovernmental agreements with tribes from 11 agreements to 16 agreements by June 2018.	Dept. of Social & Health Svc. (Svc. & Enterprise Support)
2.10 Embed racial equity into Early Childhood Education and Assistance Program expansion plan, develop a tribal framework, and promote culturally and linguistically responsive services.	TBD	Dept. of Early Learning (Early Childhood Education and Assistance Program)

APPENDIX (CONT'D)

TABLE 3: LANGUAGE ACCESS

STRATEGY	PERFORMANCE MEASURE	AGENCIES
3.1 Conduct a four-factor analysis to identify vital documents and needed languages.	% of programs that have conducted a four-factor analysis	Dept. of Ecology Dept. of Health
3.2 Develop a plan to prioritize and translate vital documents.	% of vital documents that have been translated	Dept. of Ecology Dept. of Health Office of Superintendent of Public Instruction
3.3 Conduct a language access assessment of all customer points of contact.	Date assessment conducted	Dept. of Health Office of Superintendent of Public Instruction
3.4 Develop and implement a plan to ensure all customer points of contact are linguistically accessible.	% of customer points of contact that are linguistically accessible	Dept. of Health Office of Superintendent of Public Instruction
3.5 Adopt a written language access policy and plan.	Date policy/plan adopted	Dept. of Ecology Dept. of Health
3.6 Increase awareness of available resources for communicating with Limited English Proficiency customers.	TBD	Dept. of Agriculture Dept. of Ecology Office of Superintendent of Public Instruction
3.7 Continue distribution of non-English translations of information.	TBD	Dept. of Agriculture Dept. of Ecology
3.8 Develop IT plan for compliance with Web Content Accessibility Guidelines.	Date plan completed	Dept. of Agriculture Dept. of Ecology Office of Superintendent of Public Instruction
3.9 Establish agency requirements for all staff completion of CLAS Standards training. Expand quality assurance policies and procedures administration-wide to incorporate CLAS. Develop training plans for onboarding new employees and existing staff on CLAS. Ensure communications from DSHS are ADA-accessible for the deaf and hard of hearing.	Complete all items by June 2019	Dept. of Social & Health Svc. (Aging and Long Term Care) Health Care Authority
3.10 Translate forms and instructions for fiscal vendors into multiple languages.	TBD	Dept. of Early Learning
3.11 Provide equitable licensing caseloads and compensation for dual language licensors.	TBD	Dept. of Early Learning (Licensing)
3.12 Develop Language Access Services training for agency staff.	Date of training completion	Dept. of Ecology
3.13 Develop and train staff on language data mapping tools.	Date of completion	Dept. of Ecology

APPENDIX (CONT'D)

TABLE 4: WORKFORCE DIVERSITY

STRATEGY	PERFORMANCE MEASURE	AGENCIES
4.1 Require that all hiring supervisors have gender and racial/ethnic diversity on interview panels.	% of interview panels that include gender and racial/ethnic diversity.	Dept. of Health State Board of Health
4.2 Require that all hiring panels complete "countering bias" training prior to interviews.	% of hiring panels that complete "countering bias" training.	Dept. of Early Learning Dept. of Health Health Care Authority State Board of Health
4.3 Require that position descriptions be reviewed to assess whether higher education requirements are necessary.	% of position descriptions reviewed.	Dept. of Commerce Dept. of Health Dept. of Ecology Health Care Authority State Board of Health Office of Superintendent of Public Instruction
4.4 Adopt an agency policy to encourage the formation of employee resource groups as a strategy to promote retention among diverse staff.	Date policy adopted	Dept. of Commerce Dept. of Health Dept. of Early Learning Health Care Authority
4.5 Implement coaching for hiring managers and panels.	TBD	Dept. of Early Learning Dept. of Ecology
4.6 Update and adhere to agency policy regarding affirmative action and equal employment opportunity.	TBD	Dept. of Agriculture Dept. of Ecology Office of Superintendent of Public Instruction
4.7 Continue adherence to agency policy regarding providing employees with reasonable accommodation.	TBD	Dept. of Agriculture Dept. of Ecology Health Care Authority Office of Superintendent of Public Instruction
4.8 Use targeted recruitments, outreach resources, and creative job announcements.	TBD	Dept. of Agriculture Dept. of Ecology Office of Superintendent of Public Instruction
4.9 Support hiring managers in thinking outside the box when advertising vacancies.	TBD	Dept. of Agriculture Dept. of Ecology
4.10 Adhere to agency policy and support diversity and affirmative action goals regarding recruitment for WMS positions.	TBD	Dept. of Agriculture Dept. of Ecology

APPENDIX (CONT'D)

TABLE 4: WORKFORCE DIVERSITY (CONT'D)

4.11 Continue to make developmental job assignments and leadership development available, and use processes such as job shadowing that provide diverse employees opportunities to serve in leadership roles.	TBD	Dept. of Agriculture Dept. of Ecology
4.12 Participate in job/career fairs and diverse employee resource groups.	TBD	Dept. of Agriculture Dept. of Ecology
4.13 Gather and analyze recruitment and retention data based on diversity and identify activities to address disparities.	Improve employee retention rate from 96.2% to 87% by June 2018	Dept. of Social & Health Svc. (Aging and Long Term Care)
4.14 Develop a Community of Practice that includes executive leadership and staff to identify gaps in Equity/Diversity/Inclusion (EDI). Establish a workgroup to explore collection of sexual orientation and gender identify data. Identify population shifts, services used, and the forecast for the future need for services by a diverse aging state population.	Embed EDI principles throughout the organization planning and operations as measured by completion of items by June 2019.	Dept. of Social & Health Svc. (Aging and Long Term Care) Health Care Authority
4.15 Develop a tangible and proactive EDI program that will lead to healthier outcomes for patients and a supportive, productive environment for employees.	Complete by June 2019	Dept. of Social & Health Svc. (Behavioral Health Admin.)
4.16 Initiate local conversations on EDI in the workplace through summits and establishing a community of practice. Provide a report to leadership that advises the state of EDI work in Children's Administration.	Develop a baseline understanding of Children's Administration's successes and barriers to better supporting fairness, difference, and inclusion in the workplace by June 2018.	Dept. of Social & Health Svc. (Children's Admin.)
4.17 Include a goal of completing cultural humility training in supervisor's annual performance plan.	Ensure 90 supervisors complete cultural humility training by July 2019.	Dept. of Social & Health Svc. (Developmental Disabilities)
4.18 Implement initiatives developed by the Administration's EDI community of practice. Provide clear and consistent leadership support to EDI events and initiatives. Support the Department's five areas of EDI focus and initiatives.	Increase employee responses of "always" or "usually" to the question "my agency consistently demonstrates support for a diverse workforce" by 2% on the 2019 DSHS Employee Survey.	Dept. of Social & Health Svc. (Economic Services)
4.19 Provide consultation on implementation of community of practice and EDI topic-specific resources and support to each Rehabilitation Administration program.	Establish a community of practice in each program within Rehabilitation Administration that will meet quarterly to access policies, practices, and procedures to ensure effective implementation of EDI by June 2018.	Dept. of Social & Health Svc. (Rehabilitation Admin.)

APPENDIX (CONT'D)

TABLE 4: WORKFORCE DIVERSITY (CONT'D)

4.20 Develop a workforce profile template. Create strategies for recruitment, retention, learning, development, and career mapping based on analysis of data in the workforce profile.	Create a workforce profile by December 2018.	Dept. of Social & Health Svc. (Svc. and Enterprise Support)
4.21 Identify committee members from each administration and develop committee work plan. Assist with development and implementation of the access plans.	Establish a language access plan and an American with Disabilities Act access plan by December 2018.	Dept. of Social & Health Svc. (Svc. and Enterprise Support)
4.22 Identify themes, develop best practice guidelines/manuals/toolkits for agency-wide implementation. Assist each administration with implementation.	Integrate the results of the initial Certified Diversity Professionals and Certified Diversity Executives cohort EDI group projects into administrations by June 2019.	Dept. of Social & Health Svc. (Svc. and Enterprise Support)
4.23 Provide support and guidance for the communities of practice. Assist leaders with development of a communication strategy to plan and promote communities of practice. Provide leaders with a sustainability framework and assist with a plan for ongoing employee participation.	Establish EDI community of practice groups in every administration by June 2018.	Dept. of Social & Health Svc. (Svc. and Enterprise Support)
4.24 Develop an onboarding checklist to help new hires transition into their jobs and to engage with our agency and its mission, in coordination with the FSA Team Satisfaction Objective.	Complete a standardized onboarding program for new FSA employees by June 30, 2018.	Dept. of Social & Health Svc. (Financial Svc.)
4.25 Monitor and report attendance for basic supervisory trainings. Add trainings as an expected performance item in each supervisor's PDP.	Increase manager and supervisor attendance at basic supervisory trainings to 90% by June 30, 2019.	Dept. of Social & Health Svc. (Financial Svc.)
4.26 Conduct a brief diversity and inclusion survey of employees to serve as a baseline from which to measure FSA's progress on EDI.	Establish baseline EDI data by way of a FSA assessment by June 30, 2018.	Dept. of Social & Health Svc. (Financial Svc.)
4.27 Provide training and tools for supporting equity and inclusion.	TBD	Dept. of Early Learning Dept. of Ecology
4.28 Embed racial equity lens in the Workforce Council Compensation work group efforts. Target scholarships and hire bilingual staff.	TBD	Dept. of Early Learning
4.29 Develop apprenticeships for high school and college students and awareness and recruitment efforts focused on underrepresented people in state government, including women, veterans, and communities of color.	Number of apprenticeships established and filled.	Health Care Authority

APPENDIX (CONT'D)

TABLE 5: WORKFORCE CULTURAL HUMILITY

STRATEGY	PERFORMANCE MEASURE	AGENCIES
5.1 Incorporate cultural humility into staff performance and development plans (PDP) as a key competency.	% of staff with cultural humility incorporated into PDPs	Dept. of Health State Board of Health
5.2 Create requirements for staff to obtain initial and ongoing cultural humility training.	% of staff completing cultural humility training	Dept. of Early Learning Dept. of Ecology Dept. of Health State Board of Health Office of Superintendent of Public Instruction
5.3 Create requirements for staff to take government-to-government training.	% of staff completing government-to-government training	Dept. of Commerce Dept. of Ecology Dept. of Health Health Care Authority State Board of Health
5.4 Support select staff to obtain diversity certification through an accredited organization so they can lead cultural humility education and training efforts in the agency.	# of staff certified by an accredited organization	Dept. of Commerce Dept. of Health
5.5 Provide education and training to DSHS staff and providers to better serve residents and clients.	Increase the number of DSHS and service-provider sites where education and training in communication access modalities for people who are deaf and hard of hearing is provided from 4 in 2017 to 25 by June 2018.	Dept. of Social & Health Svc. (Aging and Long Term Care)
5.6 Increase the skills, awareness, and engagement of Behavioral Health Administration in EDI.	Increase the percentage of Behavioral Health Administration managers and supervisors who have completed training in EDI from 44% to 75% by July 2019.	Dept. of Social & Health Svc. (Behavioral Health)
5.7 Add a requirement to complete at least one DSHS EDI training during the biennium to Developmental Disabilities Administration employee performance plans.	Increase the percentage of Developmental Disabilities Administration employees who complete EDI training to 95% by June 2019.	Dept. of Social & Health Svc. (Developmental Disabilities)
5.8 Ensure all staff has the opportunity to attend Race, Power of an Illusion training to increase awareness of historical issues around institutional racism.	TBD	Dept. of Social & Health Svc. (Rehabilitation Admin.)
5.9 Provide technical assistance to the Department and partners as they develop capacity around government-to-government relations, especially around social services provision and contracting.	Fully integrate tribal/state consultation policy and capacity at Department of Children Youth and Families by June 2019.	Dept. of Social & Health Svc. (Svc. and Enterprise Support)
5.10 Provide ongoing training and opportunities for color-brave conversations.	TBD	Dept. of Early Learning

APPENDIX (CONT'D)

TABLE 6: EQUITY ASSESSMENT

STRATEGY	PERFORMANCE MEASURE	AGENCIES
6.1 Include questions about potential equity impacts on bill analysis forms.	% of bill analyses conducted that included an equity assessment	Dept. of Early Learning Dept. of Health Health Care Authority State Board of Health
6.2 Incorporate questions about potential equity impacts into decision package processes.	% of decision packages created that included an equity assessment	Dept. of Early Learning Dept. of Health Health Care Authority State Board of Health Office of Superintendent of Public Instruction
6.3 Incorporate questions about potential equity impacts into rulemaking processes.	% of rules adopted that included an equity assessment	Dept. of Early Learning Dept. of Ecology Dept. of Health Health Care Authority
6.4 Incorporate questions about potential equity impacts into project development processes.	Number of projects developed that included an equity assessment	Dept. of Early Learning Dept. of Health Health Care Authority
6.5 Incorporate questions about potential equity impacts into budgeting processes.	Number of budgeting processes that incorporated an equity assessment	Dept. of Early Learning Dept. of Health Health Care Authority
6.6 Explore with the Board the development of a presentation template that includes potential equity impacts into the decision making process.	Receive direction from the Board on adoption of presentation template	Workforce Board

APPENDIX (CONT'D)

TABLE 7: DATA

STRATEGY	PERFORMANCE MEASURE	AGENCIES
7.1 Complete a data inventory to identify client, service provider, and outcome data collected by the agency.	Date inventory completed	Dept. of Commerce Dept. of Early Learning
7.2 Identify opportunities and create a plan to enhance the collection of demographics data and the level to which data are disaggregated.	Date plan completed	Dept. of Commerce Health Care Authority Office of Superintendent of Public Instruction Workforce Board
7.3 Analyze data on clients, providers, and service outcomes by race/ethnicity, language, and/or other demographics to identify and address gaps and inequities.	Date assessment report completed	Dept. of Commerce Health Care Authority Office of Superintendent of Public Instruction
7.4 Report state-level student education outcomes for more detailed ethnic/race categories, as collected within its student data system. The disaggregated sub-ethnic categories can be found in the 2017 Race and Ethnicity Student Data: Guidance for Washington's Public Education System	Annual School Report Cards, Education Data System (Administration and Student Record Exchange), and Comprehensive Education Data and Research System (CEDARS)	Office of Superintendent of Public Instruction
7.5 Establish a 90 percent minimum graduation rate for each subgroup. ⁵	Annual School Report Cards, Education Data System (Administration and Student Record Exchange), and Comprehensive Education Data and Research System (CEDARS)	Office of Superintendent of Public Instruction
7.6 Continue to add technology and other tools to offices statewide to assist individuals who are deaf and hard of hearing to have real time notification of incidents and emergencies occurring in their work area and common areas of state office buildings.	TBD	Dept. of Social & Health Svc.
7.7 Maintain and promulgate use of reporting standards to disaggregate published analyses by race, ethnicity, age, and gender.	TBD	Dept. of Social & Health Svc. Health Care Authority
7.8 Ensure Department of Early Learning collection and reporting data can be disaggregated by race and ethnicity consistently using the ERDC guidelines. Early Childhood Education and Assistance Program, Managed Education and Registry Information Tool, and Early Support for Infants and Toddlers now, and Working Child Care Connections is next.	TBD	Dept. of Early Learning
7.9 Embed racial equity lens into the Administrative Data Project and framework for performance-based contracting.	TBD	Dept. of Early Learning

⁵Washington's long-term goals in high school will place the focus on closing gaps in graduation rates by subgroup (gender, grade level, ethnicity, eligibility for free and reduced lunch, special education and English Language Learners (ELL). In 10 years, no subgroup within a school will graduate at a rate less than 90 percent. Schools and subgroups currently graduating at a rate exceeding 90 percent will be expected to demonstrate continuous progress toward all students graduating. Schools and subgroups not graduating at 90 percent will have annual, interim targets set toward reaching that goal.

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