

### Health Priorities

The Washington State Department of Health (DOH) has identified the following health priorities for the general population of Washington:

Health Priorities for the General Population
Obesity
Chronic disease
Communicable disease
Tobacco cessation
Patient safety

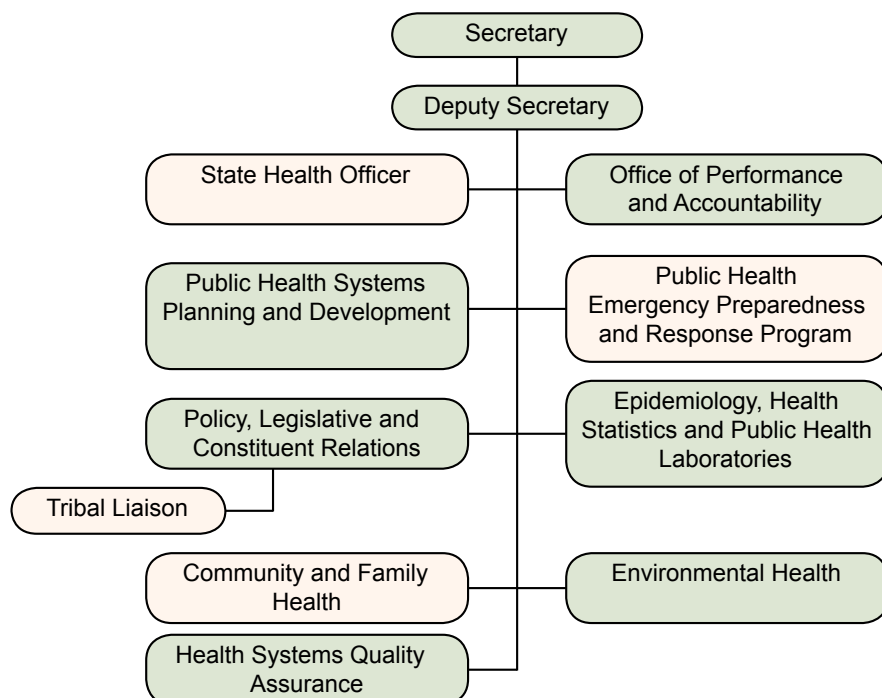
### Overview

	Funding for MH/HD Activities	Personnel Dedicated to MH/HD	MH/HD Unit	MH/HD Advisory Body	State MH/HD Legislation or Mandate	MH/HD Strategic Plan	Evaluation of MH/HD Activities
Washington	✓	✓	✗	✓	✓	✓	✓
Total Affirmative Responses out of 46	30	38	36	36	27	36	39

### Organization, Infrastructure and Resources

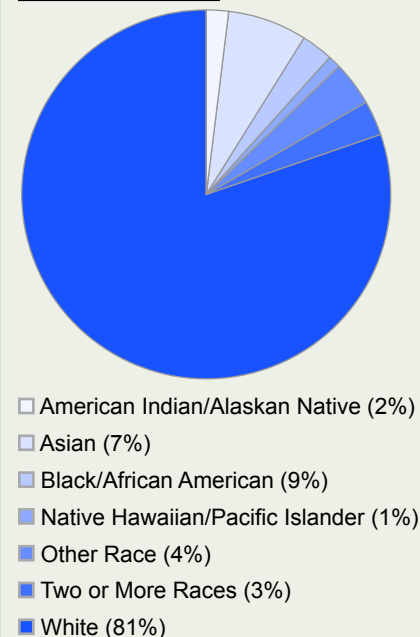
The following is a simplified organizational chart that demonstrates the location of the state health agency's racial/ethnic minority health focal points in relation to the State/Territorial Health Official and/or other key public health offices. The DOH is also a member of the Governor's Interagency Council on Health Disparities that, in addition to the DOH, includes representatives from the State Board of Health, Governor's Commissions, and other state agencies. The Council is staffed by the Washington State Board of Health.

#### Washington State Department of Health

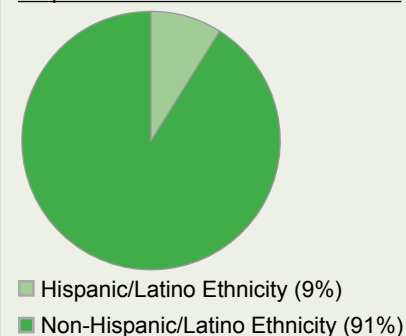


Total State Population:  
6,395,798

Racial Distribution



Hispanic/Latino Ethnic Distribution



*Note: People can self-identify as members of any racial group in the Census, as well as report having Hispanic/Latino ethnicity.*

Source: 2006 American Community Survey, US Census Bureau

## Partnerships and Resources

- The Washington State Department of Health (DOH) coordinates racial/ethnic minority health and health disparities (MH/HD) issues and activities across divisions in DOH through the Secretary's Office of Policy, Legislative & Constituent Relations and staff at its Division of Community and Family Health.
- DOH is also a member of the Governor's Interagency Council on Health Disparities, Washington's other key entity working on health disparities/minority health issues. The Council is an independent body from both the State Board of Health and the Department of Health. However, both the Board and the Department have a seat on the Council along with other state agencies, boards and commissions.
- DOH maintains partnerships with an array of entities active in MH/HD including: local health departments, local government, tribal government, state government agencies, other state/territorial health departments, federal government, MH/HD advisory bodies, community- and faith-based and non-profit organizations, corporations, health systems, foundations, schools, universities, professional associations, clinical networks and the media.
- The Washington State Department of Health also coordinates with tribes on emergency preparedness. The Department maintains close contact with tribes and has developed new contracts on emergency preparedness activities with the 29 federally recognized tribes in the state.
- Dr. Maxine Hayes, Washington State Health Officer, is a lead expert on health disparities and conducts presentations throughout the state and country.

## Strategic Planning

The Governor's Interagency Council on Health Disparities is reviewing a proposed work plan for developing a statewide, interagency strategy for eliminating health disparities in Washington. An action plan is due by 2012. The Council will also consider forms and policies for Health Impact Reviews (evaluations conducted at the request of the Governor or a Legislator to identify whether proposed policies and budgets are likely to reduce health disparities).

According to the strategic planning for the period of 2007-2009, the DOH incorporates and addresses racial/ethnic health disparities in Washington through the following goals and objectives in its current Departmental strategic plan:

**Goal 1:** Improve the health status of people in Washington State

**Objective 2:** All people have an equal opportunity to be healthy.

**Tracking Methods:** Track the number and types of interventions designed to improve equal opportunity to health within programs and activities: percentage of programs providing translation services, multi-lingual information or other community-appropriate materials, percentage of programs targeting interventions to address a specific health disparity

**Goal 4:** Hire, develop and retain a competent and diverse workforce

**Objective 2:** DOH employees reflect the diversity of Washington State.

**Tracking Methods:** Track the development of recruitment strategies to ensure a diverse workforce: percent increase in diversity of the applicant pool, percent increase in diversity of new hires

**Goal 5:** Develop and maintain high-quality services to the people of Washington State and partnerships that promote the public's health

**Objective 2:** Promote, provide and improve public health programs and activities through partnerships

**Tracking Methods:** Track interaction with communities of color and organizations representing diverse groups: increased diversity of members on DOH advisory boards, commissions and panels; number of activities jointly sponsored by DOH; number of organizations that provide public health messages to diverse populations

## Human Capital Investments

The following staff dedicates all or part of their work hours to MH/HD activities at the WSDH:

Job Category	Total Number Dedicated to MH/HD	% of Work Hours Each Spends on MH/HD Activities
Administrator/Director	3	5%
Policy or Program Officer	2	10%
Program Specialist	6	10% - 80%
Clinical Consultant/Specialist	2	10%
Epidemiologist	3	10% - 15%
Public Health Educator	1	10%

## Financial Investments

The DOH reported an annual budget for racial/ethnic minority health and health disparities (MH/HD) activities for the 2007 fiscal year that totaled \$619,000 in state funds. Though not reported as part of an annual budget, the DOH reports funding from the federal government (CDC) for specific activities described below. The \$619,000 total may therefore be an underrepresentation of the total investment in minority health and health disparities.

## Activities

### Tobacco Disparities Advisory Group

The Tobacco Disparities Advisory Group formed in 2005 to advise the DOH Tobacco Prevention and Control Program on crafting culturally appropriate smoking prevention and cessation messages and interventions that reduce high smoking rates among racial/ethnic minority populations. The Advisory Group also reviews data on tobacco use and exposure among minority communities to target health messages and interventions. Most Advisory Group representatives come from priority target communities and assist the DOH to effectively engage and develop relationships with these communities around smoking cessation.

#### Partners and Funding

DOH Tobacco Prevention and Control Program, Tobacco Disparities Advisory Group, and a variety of community-based organizations, healthcare groups and state universities - with funds from the State Tobacco Prevention and Control Account

#### Activity Outcomes

Culturally appropriate smoking prevention and cessation messages, interventions and services, reduced exposure to second-hand smoke, and increased access to smoking cessation resources

#### Evaluation Methods

None reported

### American Indian Health Commission

The Washington State Department of Health and the American Indian Health Commission (AIHC) develop biennial updates on collaborative activities. The Department and AIHC provide overviews on the health status and policy issues of tribes through the American Indian Health Care Delivery Plan. They have worked together on this two-year plan since 1997.

#### Partners

DOH, Tribal Organizations, the 29 Federally Recognized Tribes, Northwest Portland Indian Health Board and Epi Center Staff, and the American Indian Health Commission

#### Activity Outcomes

A best practices plan for health care delivery entities has been established that identifies the strategies that tribes and Washington State have used to address health disparities in the AI/AN population. The plan also identifies priority health issues and policy recommendations.

#### Evaluation Methods

Key informant interviews with tribal leaders and tribes at summits and conferences

### Women, Infants and Children Cultural Materials Project

From 2003 to 2006, DOH contracted with local health agencies to enhance direct client services for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and to translate and use WIC education materials that cover basic nutrition topics for families with limited English capabilities. Materials were translated into Spanish, Russian, Cambodian, Chinese, Laotian, Vietnamese, Somali and Arabic. Bilingual staff from local health agencies held key informant interviews with 158 clients with limited or no English capabilities to review educational materials and provide feedback regarding their usefulness, educational value, appropriate content and presentation for their cultural groups. Local health agencies shared this information with state WIC staff in focus groups.

#### Partners (and Funding)

US Department of Agriculture's Food and Nutrition Service (\$200,000), State Preventive Health Block Grant (\$50,000), DOH, local WIC agencies and private translation services

#### Activity Outcomes

Twelve WIC education materials covering basic nutrition became available at state and local WIC service sites in a variety of languages. The materials are also available on the Washington Health Education Resource Exchange Web site.

#### Evaluation Methods

Key informant interviews with WIC clients and focus groups with local WIC staff

### Tribes and Emergency Preparedness

The Washington State Department of Health and the Washington Tribes collaborate on preparedness and response to public health emergency and disasters. The Department established a Tribal Liaison position in order to dedicate more resources to address tribal issues and to establish a contracting process. The Tribal Liaison conducts scheduled visits to tribes.

#### Partners

DOH, Northwest Portland Area Indian Health Board, and the 29 Federally Recognized Tribes

#### Activity Outcomes

Established contracting agreements with the 29 federally recognized tribes and increased tribal participation

#### Evaluation Methods

Key informant interviews with tribal leaders and tribes at summits and conferences

## Activities continued...

### Liberation Theater Project "Tres Historias de la Vida"

In 2005-2006 staff and partners of local health departments and health centers developed a series of three dramatic performances about the causes, effects, treatment and impacts of diabetes in Latino communities. These plays were performed for Latino clients at county and community health centers in Seattle-King County. Focus groups conducted with people who watched the performances were used to rate the plays' effectiveness in relating health information about diabetes to the participants; the findings were summarized in a final report for the DOH Diabetes Prevention and Control Program (DPCP) and is used to guide DPCP's social marketing activities for Hispanic communities.

#### Partners

DOH/DPCP, Racial and Ethnic Approaches to Community Health (REACH) 2010 Coalition, Seattle-King County Public Health Department, Sea Mar Community Health Centers, University of Washington School of Public Health with funds from the Diabetes Prevention and Control Program at the Centers for Disease Control and Prevention (CDC)

#### Activity Outcomes

Increased knowledge regarding diabetes for Latino clients who attended the performances, cultural identification with the situations presented during the plays, innovative social marketing tools for diabetes prevention in Hispanic communities

#### Evaluation Methods

Client focus groups and DPCP epidemiological evaluations at local health centers after performances

### Duwamish Tribe

The Department's Environmental Health Assessment Program worked closely with culturally and ethnically diverse communities to discuss and inform people about health concerns involving contamination in the lower Duwamish Waterway. Staff conducted an extensive community outreach campaign to gather health concerns and opinions from the diverse community surrounding the waterway. Multi-language advisories were distributed through newspapers, public service announcements, Internet postings, fact sheets and community meetings. Fact sheets on the safety of consuming fish, shellfish and crab from the waterway have been translated into seven different languages. Multi-language warning and educational signs will be posted at known fishing locations soon after the public health assessment is finalized.

#### Partners

DOH, the Duwamish Tribe, small businesses, community groups, and environmental groups

#### Activity Outcomes

Increased community outreach activities, provision of communication tools

#### Evaluation Methods

Client focus groups

Washington's primary contact for racial/ethnic minority health and health disparities is:

#### **Sofia Aragon**

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Community and Family Health Division  
Washington State Department of Health  
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