

## Health Care Authority – *Draft\** Equity Initiatives

- **Health equity in HCA culture:**
  - Capacity among leadership and staff to communicate and listen about health equity and to analyze bills, policies, and processes through the health equity lens.
- **Better data and causal analysis:**
  - Capacity to collect data relevant to health equity, monitor data for health inequities, analyze for potential, actionable causes of health inequity.
- **Community collaboration:**
  - Capacity to collaborate with community-based organizations and communities to understand their priorities, validate HCA causal analyses and proposed strategies, implement policies and programs with community buy-in.
- **Policy and program development:**
  - Capacity to develop/modify policies and programs for all of HCA's purchasing activities to reduce health inequities, including value-based purchasing, workforce innovation, fee-for-service programs, and redesign of existing programs.

\*Note – still in draft as of 1/1/21.

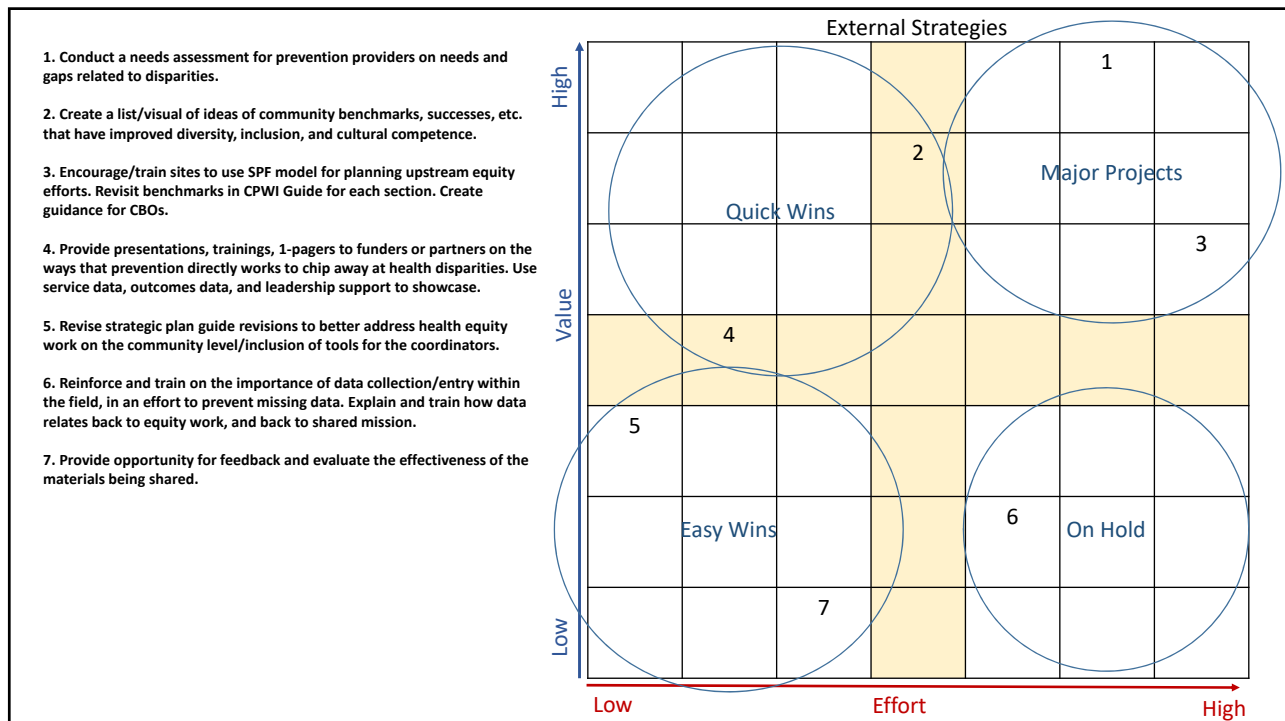
## HCA/DBHR – DEI Initiatives

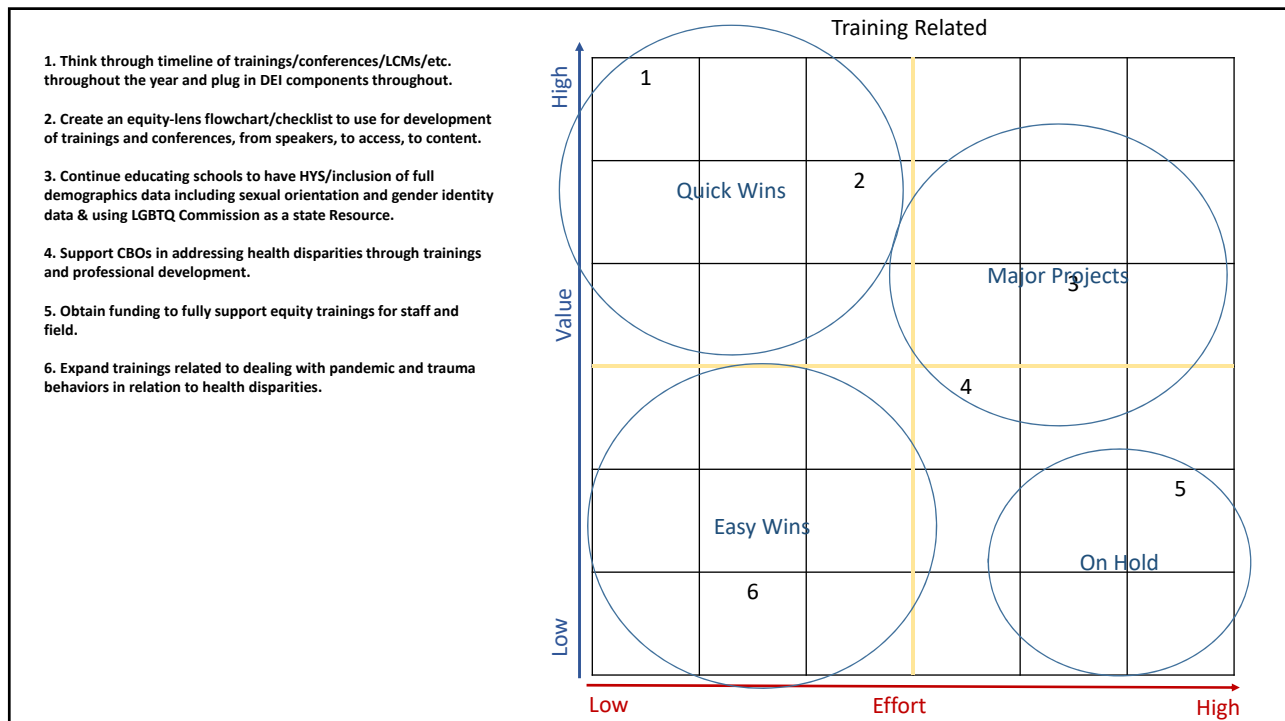
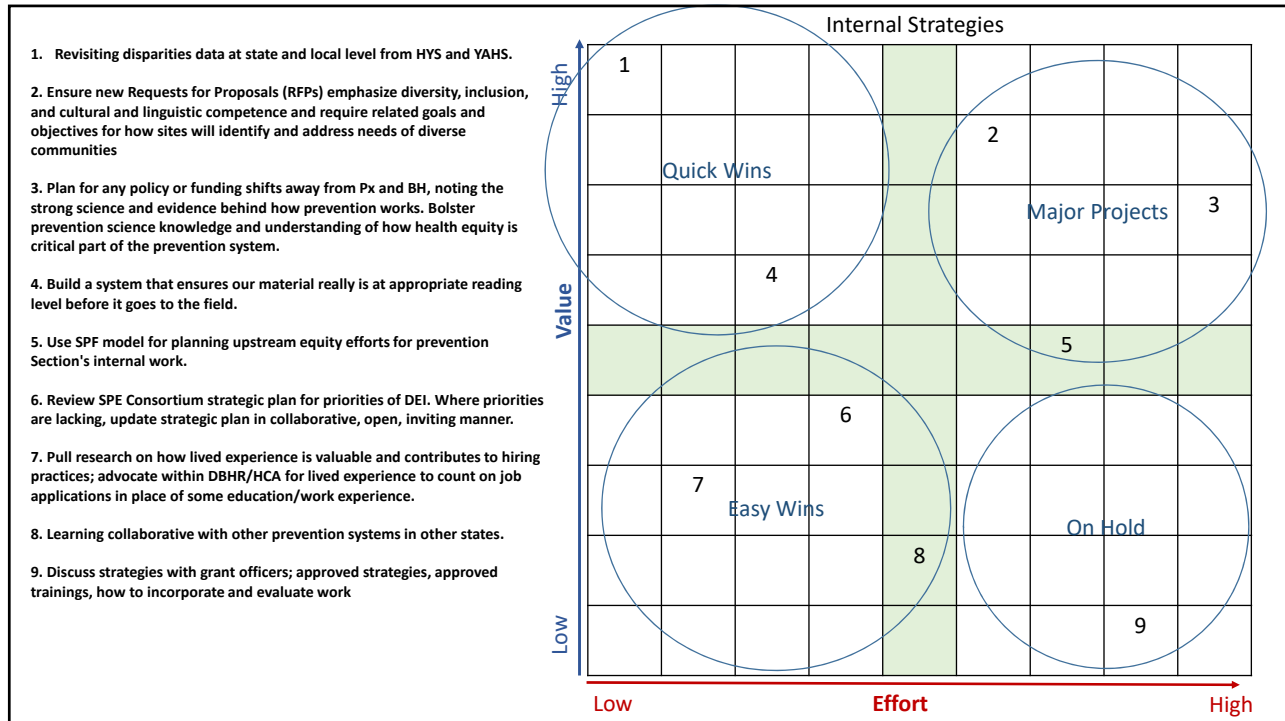
### Identified Objectives:

- Have a strategic plan that will identify short, medium, and long-term goals.
- Increase the diversity of our leadership.
- Create a succession plan that will increase promotional and educational opportunities for all staff, specifically black, indigenous, and people of color (BIPOC).
- Increase levels of access for those in under-served and marginalized communities through geo-mapping.
- Advance staff knowledge and awareness of diversity, equity, inclusion and social justice.
- Create systems and ways for all voices to be heard, understood, and acted on.
- Develop shared common language that is appropriate for DBHR.
- Enhance DEI team members facilitation skills.

# HCA/DBHR/Prevention Section – Equity Workgroup

- **Infrastructure:**
  - Create an action plan to delineate the scope of work and how the Workgroup will measure and evaluate these activities.
  - Provide specific recommendations for decisions to changes in policy or practice to Section, DBHR, and HCA Leadership.
- **Prevention Field:**
  - Creating safe spaces for individuals receiving care and individuals providing care to give voice to their experiences of trauma and/or experiences of privilege rooted in systemic racism.
  - Identify, promote and monitor opportunities and activities to ensure there is sufficient focus to eliminate health disparities and promote health equity in the delivery of prevention services.
  - Identify policy opportunities to promote and increase health literacy through program and service delivery.
- **Prevention Section:**
  - Removing structural inequity in hiring, disciplinary and promotion practices within our own institutions.
  - Ensure all Prevention Staff have dedicated time and resources to focusing on health disparities, equity, and inclusion, and cultural competency.
  - Ensure the collection, analysis, and dissemination of racial and ethnic health data to inform decision making.
- **Individual Goals:**
  - Challenge our own implicit biases and commit to developing practices to approach care through the lens of cross-cultural humility and the intentional promotion and practices of diversity, equity and inclusion.





## Px Health Equity Action Steps

Strategy	Start Process by:	Complete Process by:
INTERNAL: Pull research on how lived experience is valuable and contributes to hiring practices; advocate within DBHR/HCA for Lived experience to count on job applications in place of some education/work experience (DBHR DEI Workgroup as lead).	November	TBD
INTERNAL: Revisiting disparities data at state and local level from HYS and YAHS.	December	March
INTERNAL: Build a system that ensures our material really is at appropriate reading level before it goes to the field.	December	February
EXTERNAL: Create a list/visual of ideas of community benchmarks, successes, etc. that have improved diversity, inclusion, and cultural competence.	December	May
EXTERNAL: Provide presentations, trainings, 1-pagers to funders or partners on the ways that prevention directly works to chip away at health disparities. Use service data, outcomes data, and leadership support to showcase.	January	April
EXTERNAL: Revise strategic plan guide revisions to better address health equity work on the community level/inclusion of tools for the coordinators.	January	April
External: Provide opportunity for feedback and evaluate the effectiveness of the materials being shared.	January	April
INTERNAL: Learning collaborative with other prevention systems in other states (NPN).	Anytime/Feb at latest	June
INTERNAL: Review SPE Consortium strategic plan for priorities of DEI. Where priorities are lacking, update strategic plan in collaborative, open, inviting manner.	July 2021	July 2022

## Discussion

- Roundtable share out on other DEI Initiatives
- SPE Strategic Plan Updates – what's next