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.

1. Conduct a needs assessment for prevention providers on needs and gaps related to disparities.
2. Create a list/visual of ideas of community benchmarks, successes, etc. that have improved diversity, inclusion, and cultural competence.
3. Encourage/train sites to use SPF model for planning upstream equity efforts. Revisit benchmarks in CPWI Guide for each section. Create guidance for CBOs.
4. 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.
5. Revise strategic plan guide revisions to better address health equity work on the community level/inclusion of tools for the coordinators.
6. Reinforce and train on the importance of data collection/entry within the field, in an effort to prevent missing data. Explain and train how data relates back to equity work, and back to shared mission.
7. Provide opportunity for feedback and evaluate the effectiveness of the materials being shared.
1. Revisiting disparities data at state and local level from HYS and YAHS.

2. Ensure new Requests for Proposals (RFPs) emphasize diversity, inclusion, and cultural and linguistic competence and require related goals and objectives for how sites will identify and address needs of diverse communities.

3. Plan for any policy or funding shifts away from Px and BH, noting the strong science and evidence behind how prevention works. Bolster prevention science knowledge and understanding of how health equity is critical part of the prevention system.

4. Build a system that ensures our material really is at appropriate reading level before it goes to the field.

5. Use SPF model for planning upstream equity efforts for prevention Section’s internal work.

6. Review SPE Consortium strategic plan for priorities of DEI. Where priorities are lacking, update strategic plan in collaborative, open, inviting manner.

7. 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.

8. Learning collaborative with other prevention systems in other states.

9. Discuss strategies with grant officers; approved strategies, approved trainings, how to incorporate and evaluate work.

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1. Think through timeline of trainings/conferences/LEMs/etc. throughout the year and plug in DEI components throughout.

2. Create an equity-lens flowchart/checklist to use for development of trainings and conferences, from speakers, to access, to content.

3. Continue educating schools to have HYS/inclusion of full demographics data including sexual orientation and gender identity data & using LGBTQ Commission as a state Resource.

4. Support CBOs in addressing health disparities through trainings and professional development.

5. Obtain funding to fully support equity trainings for staff and field.

6. Expand trainings related to dealing with pandemic and trauma behaviors in relation to health disparities.
## Px Health Equity Action Steps

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Start Process by:</th>
<th>Complete Process by:</th>
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<tbody>
<tr>
<td>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).</td>
<td>November</td>
<td>TBD</td>
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<tr>
<td>INTERNAL: Revisiting disparities data at state and local level from HYS and YAHS.</td>
<td>December March</td>
<td></td>
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<tr>
<td>INTERNAL: Build a system that ensures our material really is at appropriate reading level before it goes to the field.</td>
<td>December February</td>
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<tr>
<td>EXTERNAL: Create a list/visual of ideas of community benchmarks, successes, etc. that have improved diversity, inclusion, and cultural competence.</td>
<td>December May</td>
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<tr>
<td>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.</td>
<td>January April</td>
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<tr>
<td>EXTERNAL: Revise strategic plan guide revisions to better address health equity work on the community level/inclusion of tools for the coordinators.</td>
<td>January April</td>
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<tr>
<td>External: Provide opportunity for feedback and evaluate the effectiveness of the materials being shared.</td>
<td>January April</td>
<td></td>
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<tr>
<td>INTERNAL: Learning collaborative with other prevention systems in other states (NPN).</td>
<td>Anytime/Feb at latest</td>
<td>June</td>
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<tr>
<td>INTERNAL: Review SPE Consortium strategic plan for priorities of DEI. Where priorities are lacking, update strategic plan in collaborative, open, inviting manner.</td>
<td>July 2021</td>
<td>July 2022</td>
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## Discussion

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