POWER IN UNITY:
INSTITUTIONALIZING HEALTH EQUITY WITHIN STATE HEALTH DEPARTMENTS

Frances Limtiaco
Commercial Tobacco Prevention Program

September 30, 2020
The Importance of EQUITY, DIVERSITY, AND INCLUSION at DOH

OUTCOMES
- Better health outcomes
- Improved relationships with communities
- Increased representation within organization
- Decreased disparities

EQUITABLE COMMUNITY ENVIRONMENTS
- Provide culturally appropriate services
- Promote meaningful community engagement
- Increase linguistic accessibility
- Enact policy and system changes that improve the conditions that determine health
- Promote meaningful community engagement and cross sector partnerships

EQUITABLE INSTITUTIONS
- Promote cultural humility of workforce
- Develop non-discrimination and anti-harassment policies
- Increase accessibility and accommodations
- Increase workforce diversity and inclusion
- Address implicit bias of internal systems and processes
- Implement equitable recruitment and hiring practices

EQUITY IN SOCIETY
- Infuse health equity into all policies
- Develop pro-equity agency position on bills
- Disaggregate data to identify disparities and inform decision making
- Make contracting and procurement processes more fair
- Implement equitable budget development processes

DOWNSTREAM

UPSTREAM
WHEREAS, the Washington State Department of Health (DOH) recognizes that diversity, inclusion, and cultural humility in our workforce are essential to achieving our vision and mission and to supporting our efforts to increase equity within the agency and be an employer of choice; and

WHEREAS, the communities who experience the greatest health disparities are those who have been historically marginalized and underrepresented in our workforce. Achieving a workplace that is representative of those communities can increase access to resources and programs, improve health outcomes, and promote health equity; and

WHEREAS, DOH recognizes that as we build a workforce that represents and reflects the communities we serve, there are many factors we need to address and overcome, including historical oppression, institutional racism, discrimination, societal norms, and individual biases; and

WHEREAS, historically, oppression has been reinforced through laws, policies, and public health practices to intentionally discriminate against marginalized communities. These practices have influenced societal norms and are perpetuated through discriminatory institutional and structural practices; and

WHEREAS, these practices have influenced the foundation of workplace norms and continue to impact internal policies and practices. DOH recognizes our agency is no different than others in this respect; and

WHEREAS, on an individual level, our perspectives have also been shaped by societal norms, our own experiences, and the environments that surround us. This informs how we make decisions, interact with others, and the biases—both conscious and unconscious—that we hold; and

WHEREAS, bias can affect workplace culture, lead to microaggressions, and negatively impact the health, well-being, and productivity of employees. We know that where we work influences our health, and the employees most negatively affected are often those who are part of historically marginalized groups; and

WHEREAS, Washington is an incredibly diverse state, and our department must be reflective, inclusive, and respectful of that diversity at every level of the agency; and
OUTWARD MINDSET
We will build an organizational culture in which we see others as people and focus on achieving agency objectives in ways that help our employees, partners, and customers achieve theirs.

FUNDING
We will increase and align funding with public health priorities set through proactive, transparent, and inclusive processes.

DATA, INFORMATION, TECHNOLOGY INNOVATIONS
Our strategic decisions and work environment will foster the data integration, sharing, and analysis necessary to support better health outcomes.

EQUITY, DIVERSITY, INCLUSION
We will create a diverse and inclusive workplace, engage with underrepresented communities in all decisions, and ensure equitable access to services, opportunities, and information.
Equity & Social Justice Collaborative

What we do

We exist to create the conditions necessary for the Department of Health’s ESJ initiatives, efforts, and goals can be realized.

- Oversee the implementation of Secretary Directive 19-01: Reaffirming the Department of Health’s Commitment to Diversity, Inclusion, and Cultural Humility.
- Support advancement of Equity, Diversity, and Inclusion Strategic Plan transformation area.
- Review and approve equity impact assessments of internal policies.
- Recommend policy, systems, and environmental changes to advance ESJ efforts.
- Align and leverage resources and related efforts.
- Enhance capacity and opportunities for ESJ learning, communication, and community engagement.
- Champion ESJ initiatives, strategies, efforts.
- Serve as a resource for other DOH staff and programs including for interview & competitive bid panels.

How we operate

The Equity & Social Justice Collaborative is a collaborative. We are the merging of two former groups that existed at the Department of Health through 2019 - The Health Equity Workgroup and Diversity & Inclusion Council. Our agency realized that our efforts to achieve more equitable health outcomes for the communities we serve begins with our ability to operationalize and institutionalize equity throughout our internal policies, systems, and practices. Our efforts are intertwined and belong connected.

The new ESJ Collaborative has a different structure than past DOH workgroups. Past workgroups have most often adopted a single division or office representative. This model has both limited participation and potential progress. The Collaborative is centered around self-led action teams that align with and can drive the agency’s ESJ efforts (e.g., data equity, equity in contracting, access for individuals with disabilities, employee ESJ microlearning, etc.). There is an ESJ Collaborative Core Team that helps guide strategic priorities and alignment with agency policy. Action teams can be initiated by the Core Team or self-initiated by staff who see a gap or opportunity. Action teams can be either topic or project based, but are formed to drive or create something actionable and tangible.

HED Talks

HED Talks, or Health Equity & Diversity Talks, were created by the former Health Equity Workgroup to provoke conversations and present inspiring ideas concerning health equity and diversity. HED Talks will be an integral part of our agency’s ESJ learning effort moving forward and will hopefully reconvene in 2021.

All HED Talks

- Advancing Health Equity at UW Medicine - Patricia Dawson, MD, PHD, FACS
- Nikolce Oliver
- Lindsey HIl
- Refugee Health - Dr. Anisa Ibrahim
- Pizza Klahn
- What Would Tidelion Say? - Chaitene Nielsen
- Leading with a Social Equity Lens - Nani Jactins Park
- Racial Equity Lens - Scott Winn
- Social Justice Now, Not Later
Goal 1: Reduce Commercial Tobacco-Related Disparities Among Priority Populations

**Strategy:** Establish commercial tobacco prevention as a critical investment in Washington State.

**Strategy:** Ensure community-informed approaches inform program development and funding allocation to local communities, tribes, and priority populations.

**Strategy:** Utilize a Social Determinants of Health framework to incorporate an ACES/trauma-informed approach into entire program.

**Strategy:** Develop appropriate, effective tools to eliminate commercial tobacco-related health inequities.

The social determinants of health form a clear relationship with addiction.

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Education</th>
<th>Social &amp; Community Context</th>
<th>Health and Health Care</th>
<th>Neighborhood and Built Environment</th>
</tr>
</thead>
</table>

Table: Henry J. Kaiser Family Foundation, Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity, May 2018.
Goal 2: Prevent Commercial Tobacco Use Among Youth and Young Adults

**Strategy**

Educate youth and young adults about tobacco industry tactics and build opportunities for youth leadership.

**Strategy**

Address need for stronger regulation of commercial tobacco including:

- regulate the time, place and manner of commercial tobacco advertising
- extend flavored commercial tobacco restrictions

“TODAY’S TEENAGER IS TOMORROW’S REGULAR CUSTOMER.”

(Phillip Morris)
Information dissemination
- TV21 external communication plan and community education packet

Equitable enforcement of TV21

Existing purchase, use and possession (PUP) penalties for youth under 18
Exploring the impact of preemption on equity

- Convening stakeholders and leading educational sessions on the impact of preemption on Washington state youth and young adult use of commercial tobacco, including e-cigarettes, and related disparities

- Exploring the potential of local control as a policy priority for key stakeholders
Aiming for equity in cessation

- Reframing tobacco use and cessation
  o Emphasis on nicotine addiction, dependence treatment
  o Use of people-first language
- Optimizing access for disparately-affected populations
  o Overlaying prevalence and service utilization data to identify and address gaps
  o Quitline program for individuals with serious mental illness
  o Smartphone app translation and tailored modules
- Integrating cessation into policy change
  o Example: Inclusion of population-specific resources on new point-of-sale signs
Other mechanisms to institutionalize health equity

- **Funding and resource allocation mechanisms**

- **Equity competent staffing**
  - Equity and Social Justice Coordinator
  - Incorporation of required competencies in position descriptions

- **Authentic community engagement**
  - Strategic planning mechanisms to ensure leading with equity
  - Community-driven engagement frameworks

- **Multi-sector and program collaboration**
  - Statewide coalition and networked partnerships
  - Making commercial tobacco prevention relevant and identifying intersections

- **Data systems**
  - Acknowledge and address limitations, needs, and how data is shared
Smoking/Vaping & COVID-19

How is your risk of COVID-19 increased?

- Smoking OR VAPING
- Cannabis OR TOBACCO

- Damages lungs
- Harms the immune system
- Body is less able to fight diseases

We can help you quit!

WASHINGTON STATE TOBACCO QUITLINE
1-800-QUIT-NOW

doh.wa.gov/quit

COVID-19 Exposure

Infection is more severe

When you quit smoking or vaping, your lungs and your immune system get healthier

Infection is less severe

For more information visit: tobaccopreventiontoolkit.stanford.edu

Washington State Department of Health
Ensuring ALL people have the opportunity to attain their health potential is a mandate of public health

- Communities hardest hit by COVID-19 already experience health inequities because of their race, culture, identity or where they live
- Inequities reflected in poorer health outcomes across many aspects of health, including commercial tobacco-related disease and death
- Addressing inequities requires critically looking at our policies, systems, and practices
- Promoting equity requires attention to the root causes and shifting power and resources to the communities most affected
- Addressing both immediate threat posed by COVID-19 and ongoing, long-term threat posed by the root causes of health inequities is critical
Thank you!

Frances Limtiaco
Commercial Tobacco Prevention Program
Frances.Limtiaco@doh.wa.gov
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.