



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

DOWNSTREAM

UPSTREAM

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



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
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SECRETARY'S DIRECTIVE 19-01

REAFFIRMING THE DEPARTMENT OF HEALTH'S COMMITMENT TO DIVERSITY, INCLUSION, AND CULTURAL HUMILITY

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, 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

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.^{1,2,3,4} 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

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2019

DEPARTMENT OF HEALTH **STRATEGIC PLAN** EFFECTIVE JANUARY 2020
FOUR FOUNDATIONAL TRANSFORMATIONS



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 is 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 EDI 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.

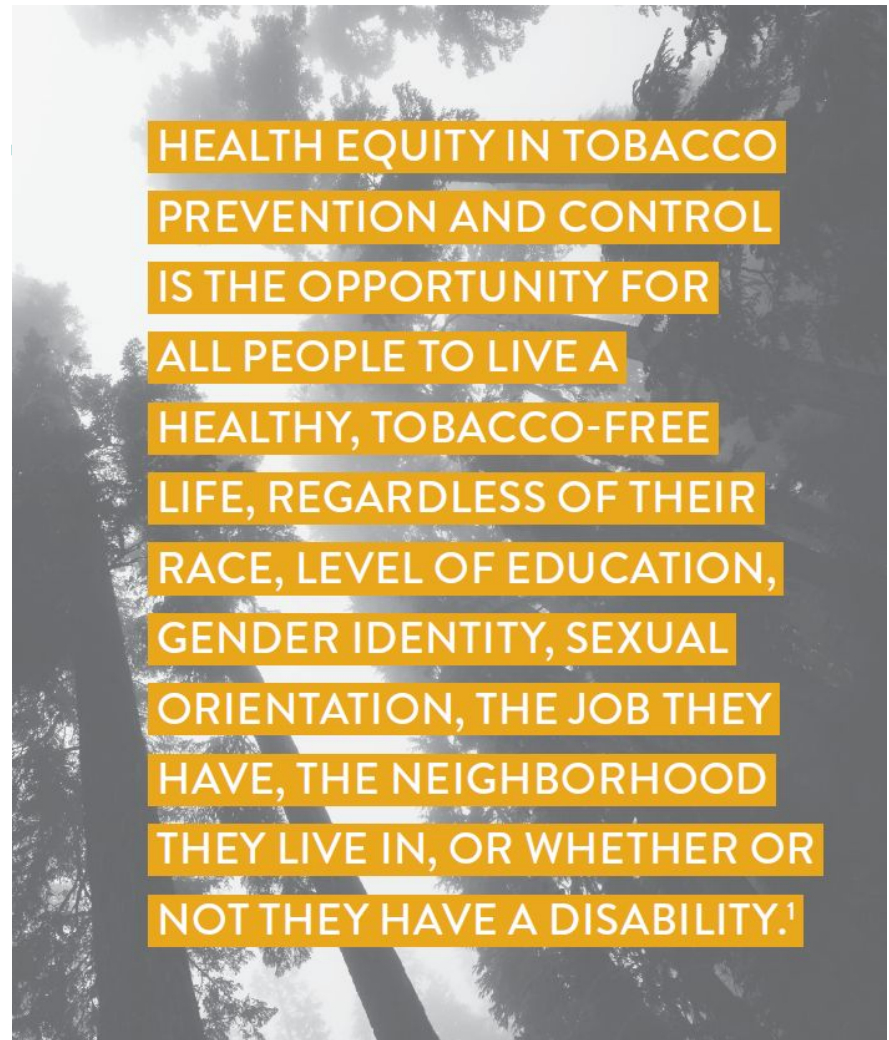
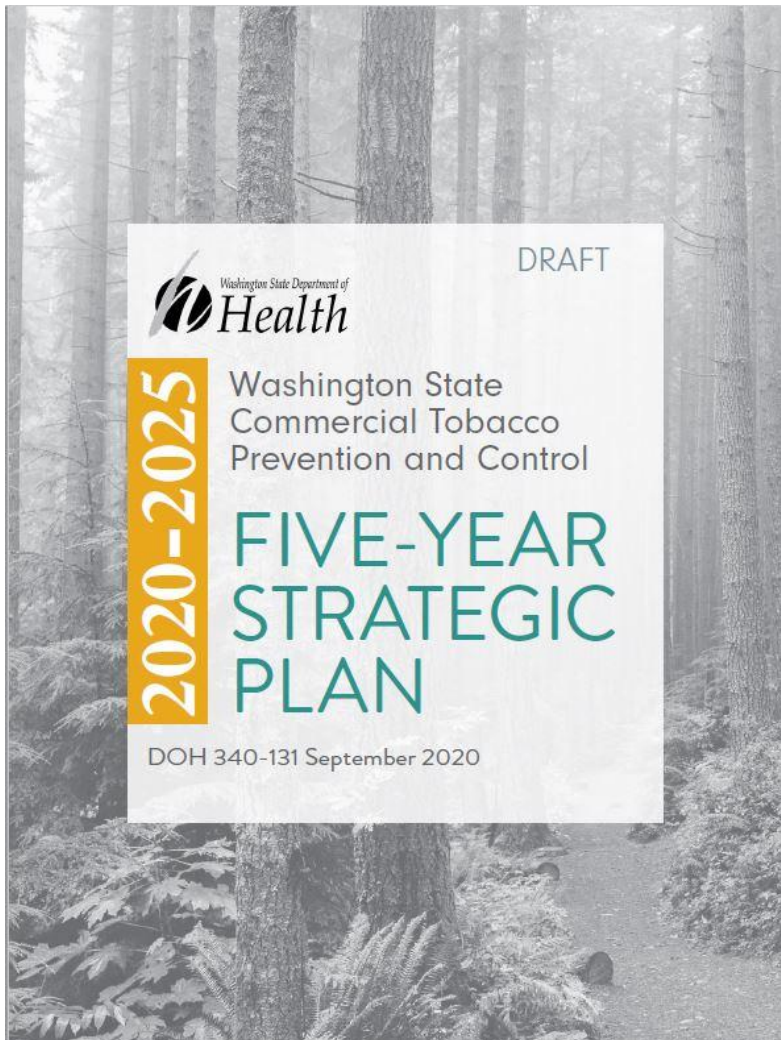
HED Talks

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 EDI learning effort moving forward and will hopefully reconvene in 2021.



All HED Talks

- ▀ [Advancing Health Equity at UW Medicine - Patricia Dawson, MD, PhD, FACS](#)
- ▀ [Nikkita Oliver](#)
- ▀ [Lindsay Hill](#)
- ▀ [Refugee Health - Dr. Anisa Ibrahim](#)
- ▀ [Pizza Klatch](#)
- ▀ [What Would Tidewoman Say? - Charlene Nelson](#)
- ▀ [Leading with a Racial Equity Lens - Nani Jackins Park](#)
- ▀ [Racial Equality Lens - Scott Winn](#)
- ▀ [Social Justice Now, Not Later](#)



Definition: *Best Practices User Guide: Health Equity in Tobacco Prevention and Control*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2015.

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.

| <i>Economic Stability</i> | <i>Education</i> | <i>Social & Community Context</i> | <i>Health and Health Care</i> | <i>Neighborhood and Built Environment</i> |
|--|---|--|--|---|
| <ul style="list-style-type: none">• Employment• Food Insecurity• Housing Instability• Poverty | <ul style="list-style-type: none">• Early Childhood Education and Development• Enrollment in Higher Education• High School Graduation• Language & Literacy | <ul style="list-style-type: none">• Civic Participation• Discrimination³• Incarceration• Social Cohesion | <ul style="list-style-type: none">• Access to Health Care• Access to Primary Care• Health Literacy | <ul style="list-style-type: none">• Access to Foods that Support Healthy Eating Patterns• Crime and Violence• Environmental Conditions• Quality of Housing |

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



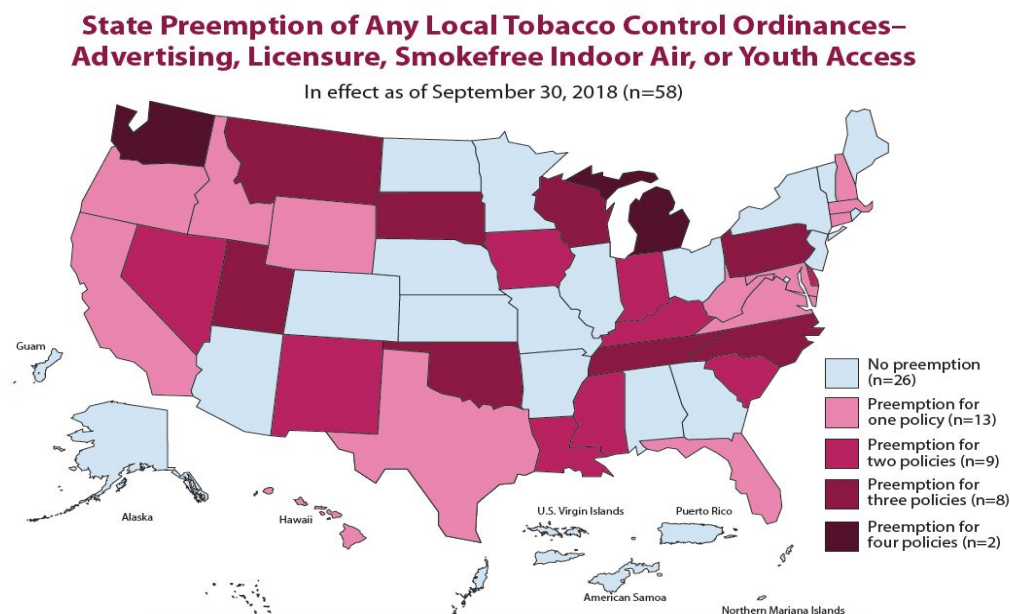
Monitoring Tobacco & Vapor 21



- 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
 - Emphasis on nicotine addiction, dependence treatment
 - Use of people-first language
- Optimizing access for disparately-affected populations
 - Overlaying prevalence and service utilization data to identify and address gaps
 - Quitline program for individuals with serious mental illness
 - Smartphone app translation and tailored modules
- Integrating cessation into policy change
 - 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 & Coronavirus (COVID-19)

Give your lungs a fighting chance

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)

COVID-19 Exposure

Infection is **↑ more severe**

How is your risk of COVID-19 decreased?

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

COVID-19 Exposure

Infection is **↓ less severe**

WASHINGTON STATE TOBACCO QUITLINE

1-800-QUIT-NOW

SMARTPHONE APP

doh.wa.gov/quit

For more information visit: tobaccopreventiontoolkit.stanford.edu

or

Smoking/Vaping & COVID-19

[English](#)
[Amharic](#)
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[Korean](#)
[Russian](#)
[Somali](#)
[Spanish](#)
[Swahili](#)
[Tigrinya](#)
[Ukrainian](#)
[Vietnamese](#)

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!



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