



Healthier Washington's quarterly webinar series  
presents:

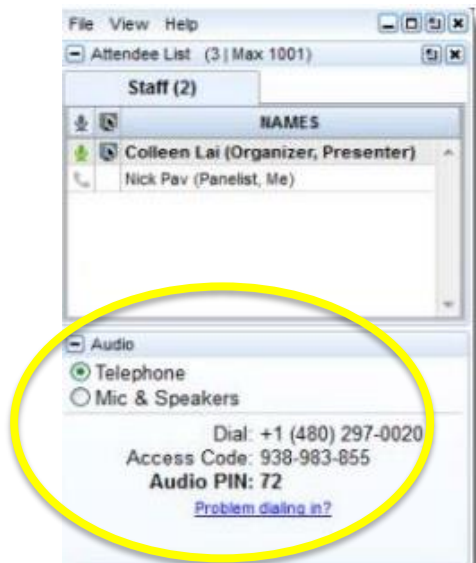
Building equity into health system transformation

June 6, 2018

# Before we get started, let's make sure we are all connected

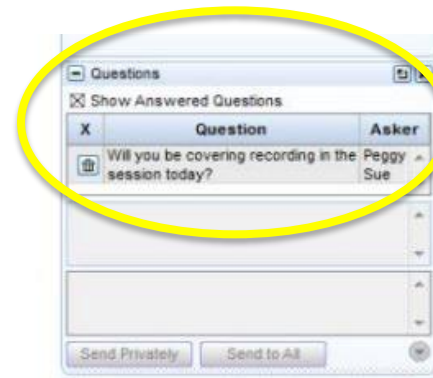
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## Have questions?

Please use the "Questions" section in the webinar panel to submit any questions or concerns you may have. Our panelists will answer questions at the end of the presentation.





# Agenda

- ☐ Understanding health equity: definitions and context
- ☐ Why is equity important?
- ☐ What do health disparities look like in Washington?
- ☐ How is Healthier Washington addressing health equity?
- ☐ ACH Equity Spotlight: Better Health Together



# Today's presenters

- Sue Birch, Director, Washington State Health Care Authority
- Katharine Weiss, Senior Health Policy Analyst, Healthier Washington
- Hadley Morrow, Associate Director of Community Engagement, Better Health Together
- **Moderator:** Laura K. Zaichkin, Deputy Chief Policy Officer, Health Care Authority

# Introduction: Sue Birch, Director, Health Care Authority



# Healthier Washington





# Building equity into our health system

## Examples:

- Offering culturally specific, multi-lingual services for non-majority patient populations
- Recognizing the influences of Adverse Childhood Experiences and generational trauma on health and behavior
- Employing a diverse and inclusive workforce that mirrors the populations we serve.

# Building equity into Washington State's health system





# What is health equity?

Health equity: Health equity exists when all people have the opportunity to attain their full health potential and no one is disadvantaged.

Health disparities: “Differences in incidence, prevalence, mortality, or burden of disease and other adverse health conditions that exist between specific population groups.”

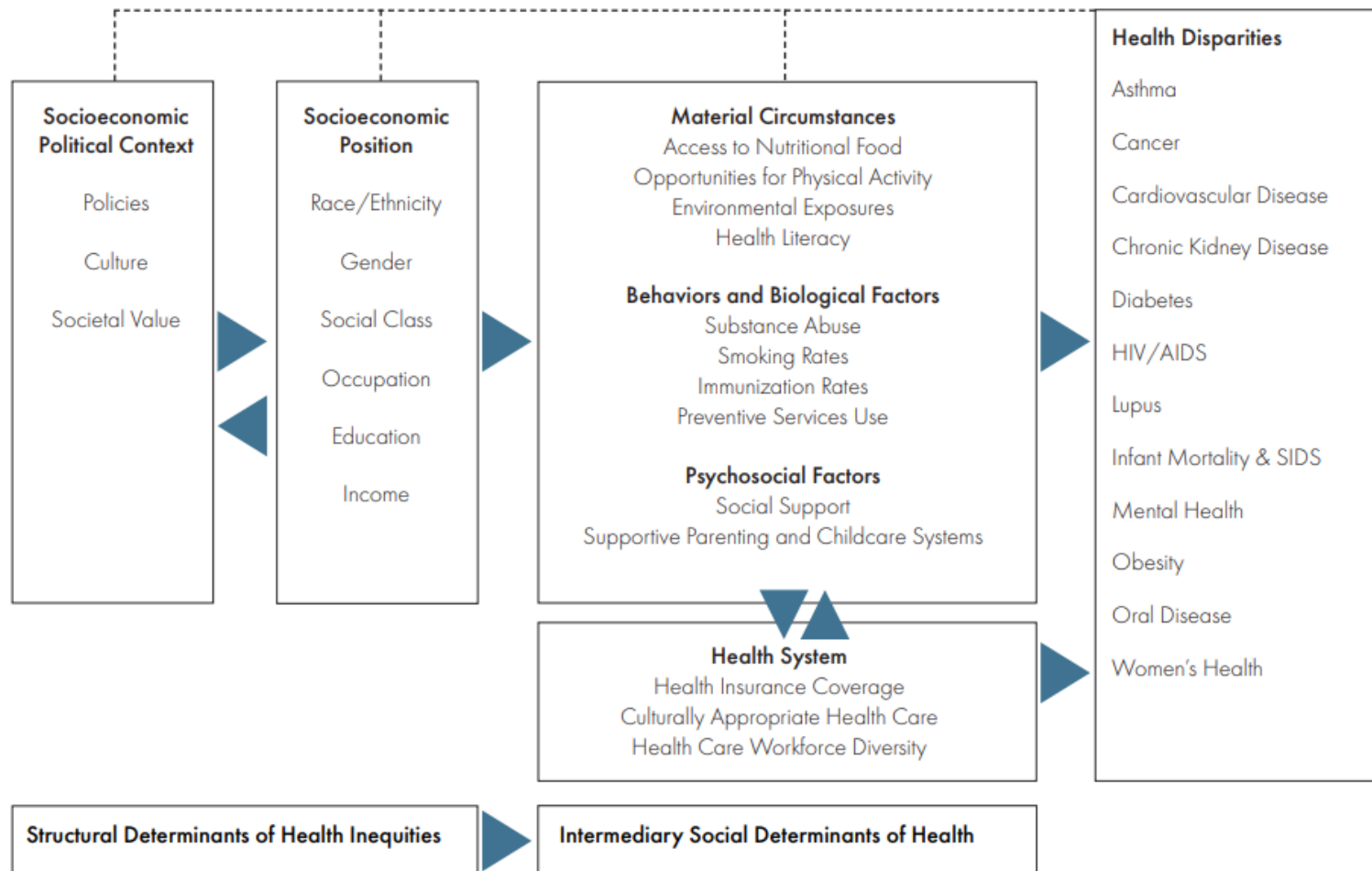


# What is health equity?

Social determinants of health: “Those elements of social structure most closely shown to affect health and illness, including at a minimum, early learning, education, socioeconomic standing, safe housing, gender, incidence of violence, convenient and affordable access to safe opportunities for physical activity, healthy diet, and appropriate health care services”\*

\*Taken from the “2018 State Policy Action Plan to Eliminate Health Disparities,” Governor’s Interagency Council On Health Disparities: January 2018.

# Linking the social determinants of health with health disparities



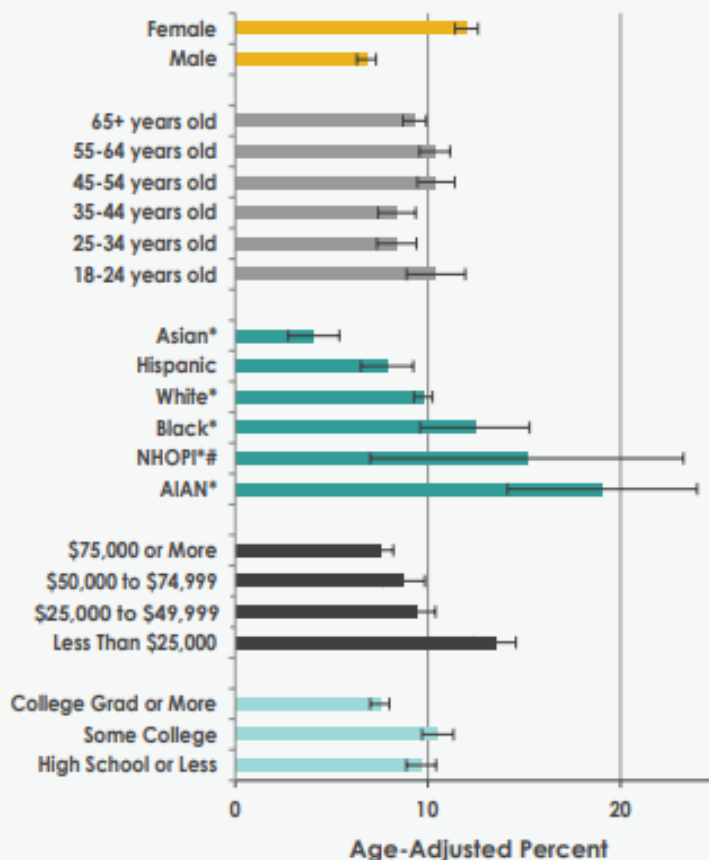


# Why is equity important?

- Equal opportunity
- Currently 30% of Washington's population identify as people of color
- Eliminating health disparities for minorities would reduce medical care expenditures by \$230 billion\*
- From 2003-2006 almost 1/3 of direct medical costs were associated with health disparities.\*

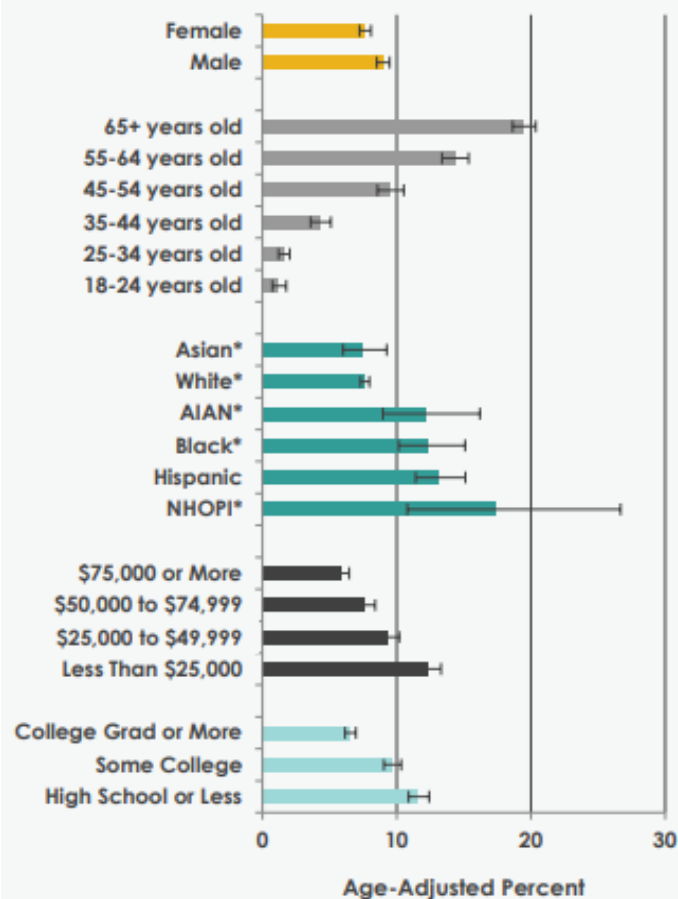
\*Joint Center for Economic and Political Studies

## Asthma Washington State BRFSS, 2014-2016



\*Non-Hispanic (all races) | AIAN: American Indian/Alaska Native | NHOPI: Native Hawaiian/Other Pacific Islander

## Self-Reported Diabetes Washington State BRFSS, 2014-2016



\*Non-Hispanic (all races) | AIAN: American Indian/Alaska Native | NHOPI: Native Hawaiian/Other Pacific Islander



# State of equity in Washington

To learn more about the disparities facing Washingtonians check out:

- WA Board of Health: Health Impact Reviews
  - [sboh.wa.gov/OurWork/HealthImpactReviews](http://sboh.wa.gov/OurWork/HealthImpactReviews)
- WA DOH Social Determinants of Health Population Explorer
  - [doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/SocialDeterminantsMeasureExplorer](http://doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/SocialDeterminantsMeasureExplorer)



# Equity and Healthier Washington

Healthier Washington's commitment to equity:

The state's goal is to eliminate health inequities due to social factors:

- Disability
- Education, type of job held
- Gender identity, sexual orientation
- Homelessness or the neighborhood lived in
- Immigration status
- Language spoken
- Race, ethnicity, age, gender, religion
- Socioeconomic status, source of income
- Tribal membership



# Equity and Healthier Washington

- Language in the Special Terms and Conditions:  
*Improve Health Equity and Reduce Health Disparities. Implement prevention and health promotion strategies for targeted populations to address health disparities and achieve health equity.*
- ACHs are accountable for metrics related to social determinants of health, depending on selected projects
  - Percent arrested
  - Percent homeless





# Equity and Healthier Washington

The Health Innovation Leadership Network Communities & Equity Committee has three subcommittees:

- Data Disaggregation
- ACH Equity Support
- Workforce Development



# Equity and Healthier Washington

What's next?

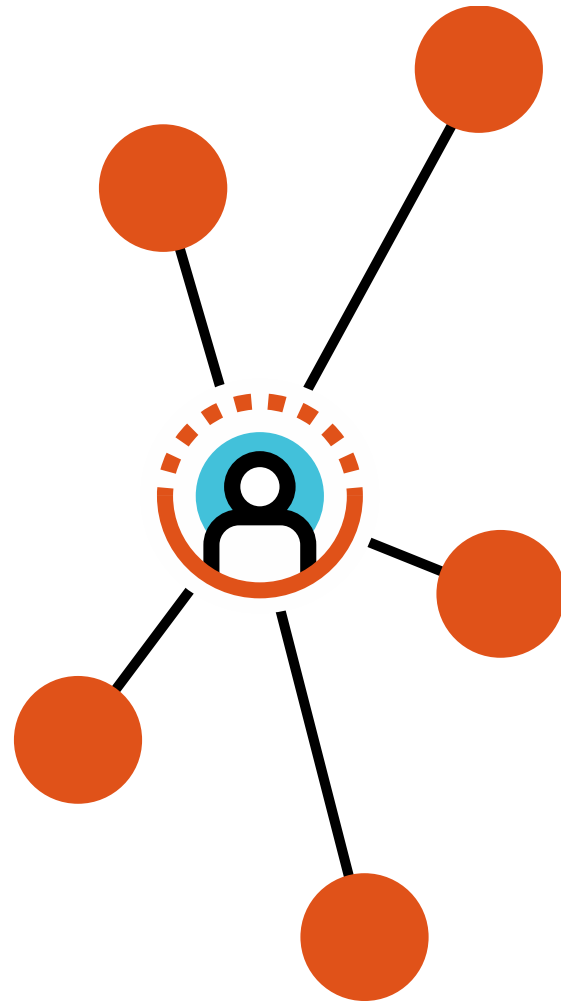
- HILN focus on equity
- October Learning Symposium with an emphasis on equity
- Development of toolkits to support Medicaid Transformation stakeholders equity engagement

# ACH equity spotlight: Better Health Together

# Better Health Through Equity

Hadley Morrow

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# BHT vision

In our region every person, *regardless of environment, background, or life experiences*, will live a **productive, high quality life** by ensuring access to:



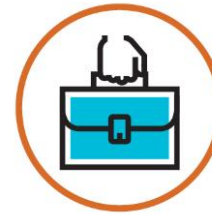
An **integrated whole person** health care system.



Stable **housing**, nutritious **food**, and **transportation**.



Opportunity for **education and training** that allows for meaningful **employment** that pays the bills with some left over for savings.



**Social support networks** that allow for emotional, social and psychological wellbeing.



# Disparities in the BHT region

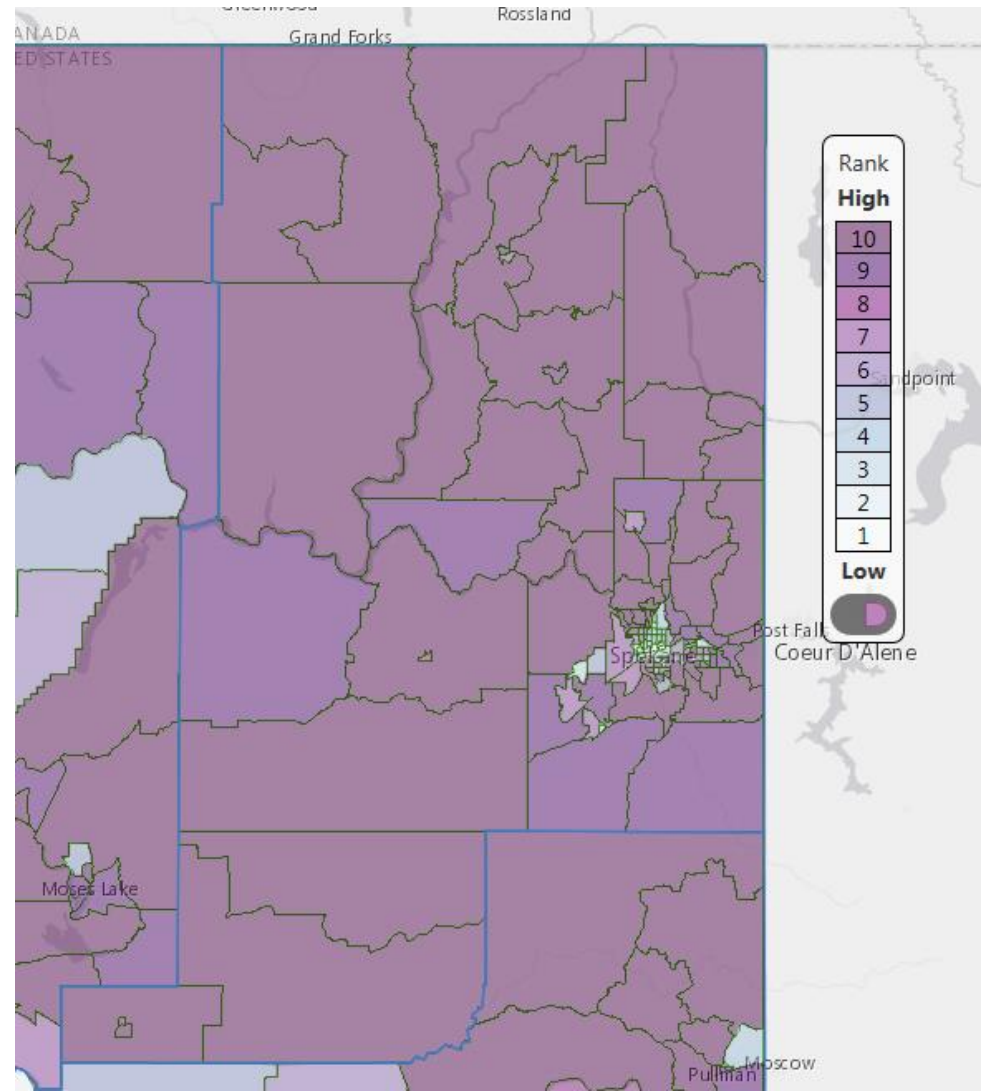
- 75% white, with increasing racial diversity trends across the region
- Aging population with declining workforce
- On average, 1/3 of each BHT county's population is on Medicaid
- Regional housing and transportation shortfalls
- Urban and Rural disparities in resources and access
- Downstream effects of family trauma and ACEs

## Unaffordable housing and transportation, combined

Shading is based on statewide *rank* for percent of income spent on housing & transportation for a 4-person household at median income. A darker shade means the area ranks higher on that particular measure. Absolute values not shown.

The BHT 6-county region is outlined in blue.

**Source:** Washington Tracking Network, Washington State Department of Health. Web. "Housing and Transportation Affordability for Median Income Families". Data obtained from the U.S. Department of Housing and Development. Published: 17 February 2016.



## BHT and health equity

- Equity through Community Voice
- Equity as a Best Practice
- Equity in Waiver Financing



# Equity through community voices

- **Community Voices Council:** To be comprised of 51% Medicaid beneficiaries, charged with:
  - Reviewing transformation plans from the perspective of those accessing services
  - Recommending activities that accelerate health equity
  - Advising on general communication for systems changes
- **Tribal Partners Leadership Council:** Honoring the special relationships with tribal partners, this groups reviews and advises Transformation efforts to assess impact on Native Americans and look for opportunities for alignment.

# Equity as a best practice

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- Partners to speak to how they apply an “**Equity Lens**”
- Examples of activities from Oregon’s transformation work:
  - Culturally and linguistically appropriate care
  - Diversity of work force
  - Use of CHWs
  - Better collection and use of data
- Recommendations from BHTs Leadership Council
  - Host Equity conference with opportunities for trainings and workshops
  - Align Leadership Council around policy advocacy
  - Require partners to speak to Health Equity in their Transformation Plans

# Equity in waiver financing

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## Equity accelerator

- This is a one time payment to demonstrate the ACHs commitment to closing the gap on health inequities.
- This payment recognizes providers who serve more than the region's % of ethnic diversity.

## Rural accelerator

- This is a one time payment to demonstrate the ACHs commitment to closing the gap on health inequities.
- This payment recognizes the challenge of poverty and resource scarcity in rural counties.

## Future funding

- Community Voices Council working on recommendations for Health Equity Accelerator activities to embed in Transformation
- Waiver Finance team will assess and recommend funding allocation for activities
- Upon Board Approval, BHT would reward partners who take on Health Equity advancement activities with payments



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Questions?

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Better Health Together  
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(509) 381-5567



# Equity resources

- To learn more about the disparities facing Washingtonians check out:
  - [WA Board of Health: Health Impact Reviews](#)
    - [sboh.wa.gov/OurWork/HealthImpactReviews](http://sboh.wa.gov/OurWork/HealthImpactReviews)
  - [WA DOH Social Determinants of Health Population Explorer](#)
    - [doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/SocialDeterminantsMeasureExplorer](http://doh.wa.gov/DataandStatisticalReports/HealthDataVisualization/SocialDeterminantsMeasureExplorer)
- Other health equity resources:
  - [Health Affairs issue on Health Equity and Health System Transformation](#)
    - [healthaffairs.org/doi/pdf/10.1377/hlthaff.2016.0979](http://healthaffairs.org/doi/pdf/10.1377/hlthaff.2016.0979)
  - [National Quality Forum's report on Promoting Health Equity and Eliminating Disparities](#)
    - [scribd.com/document/360825673/NQF-Roadmap-for-Promoting-Health-Equity-and-Eliminating-Disparities-Sept-2017#download&from\\_embed](https://scribd.com/document/360825673/NQF-Roadmap-for-Promoting-Health-Equity-and-Eliminating-Disparities-Sept-2017#download&from_embed)

# Q & A



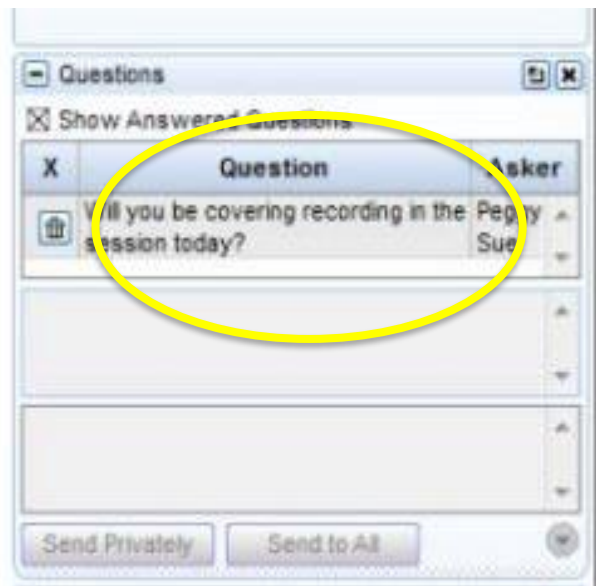
# Ask a general question, or direct it to any of our speakers:

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# Q&A

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  - Join the conversation: #healthierWA

**Thank you for  
joining us  
today.**

