



# Infusing Health Equity Into Washington Prevention Efforts

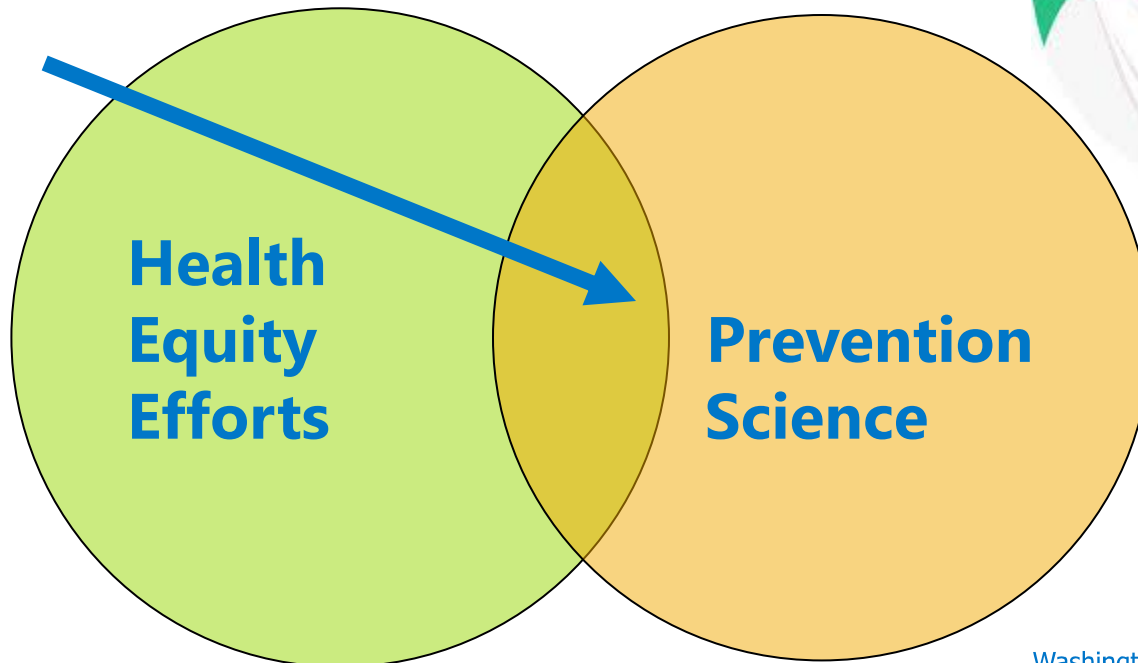
Washington State  
Health Care Authority

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# Linking Health Equity & Prevention

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- ▶ Acknowledgement of history
- ▶ Moving forward to take a strengths-based approach



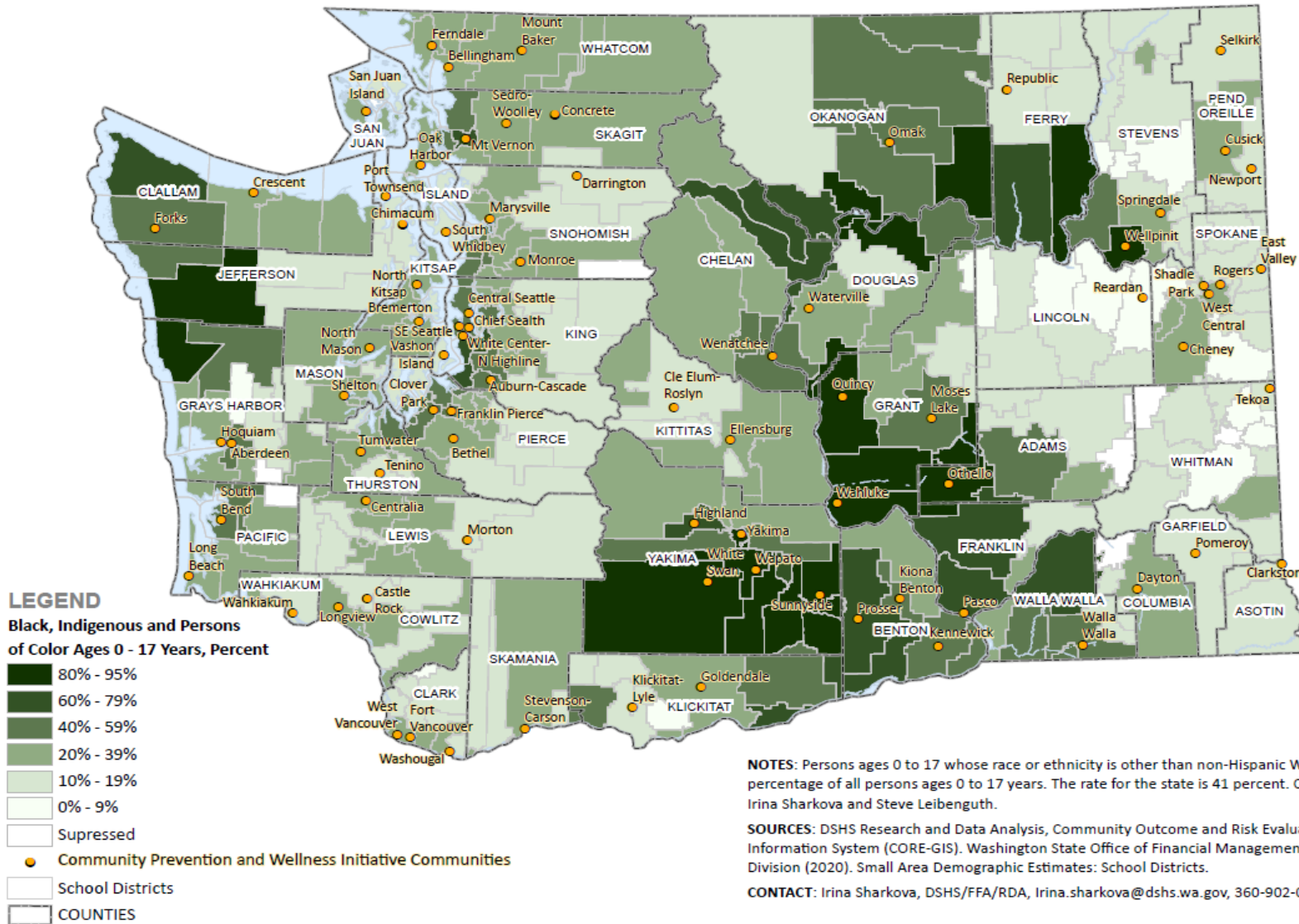
# State Prevention Strategic Plan

Health Disparities Data, Washington State 10<sup>th</sup> Grade Students, 2018

	Race					Ethnicity	Gender	
	White	AI/AN	Asian	Black	NHOPI	Hispanic	Female	Male
Alcohol 30 Day Use	19.6%	21.3%	11.8%	13.8%	14.6%	23.5%	18.8%	18.1%
Marijuana 30 Day Use	17.5%	22.0%	10.0%	21.9%	19.1%	23.5%	17.6%	18.2%
E-Cigarette 30 Day Use	23.6%	25.4%	12.1%	20.9%	19.4%	23.8%	21.6%	20.7%
Pain Killer 30 Day Use	3.1%	5.7%	2.0%	4.1%	4.8% <sup>NR</sup>	5.5%	2.9%	4.3%
Any tobacco (excluding vape) 30 Day Use	8.2%	10.2%	3.1% <sup>NR</sup>	8.0%	NA	10.3%	5.2%	6.9%
Sad/Hopeless in Past 12 Months	39.1%	52.9%	37.3%	39.5%	46.8%	41.8%	48.3%	31.0%
Suicide Ideation	23.3%	30.0%	21.9%	24.4%	24.7%	22.0%	27.9%	17.6%
Suicide Plan	17.9%	19.6%	17.2%	17.0%	17.4%	19.9%	21.5%	14.2%
Suicide Attempt	9.6%	15.3%	8.2%	9.9%	11.1%	12.7%	11.7%	8.3%
Bullied in the past 30 days	21.2%	29.3%	15.8%	18.0%	17.6%	16.4%	22.2%	16.1%

# Distribution of prevention services

**Black, Indigenous and Persons of Color, Ages 0 - 17 Years**  
 as a Percentage of All Persons Ages 0 to 17 by School District, 2020



# WA Prevention Health Equity Workgroup Process

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- ▶ Use of SPF to outline workgroup efforts

## DBHR COMMUNITY PREVENTION AND WELLNESS INITIATIVE PLANNING FRAMEWORK



*Adapted from SAMHSA Strategic Prevention Framework*

# Workgroup Primary Goals

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## ▶ **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, Division, and HCA Leadership.

## ▶ **Prevention Field:**

- ▶ Create 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.

## ▶ **Prevention Section:**

- ▶ Remove 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/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 DEI.



# Conclusion

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- ▶ Health Disparities and Health Equity are vital components to Prevention efforts
- ▶ There are many challenges and barriers to engaging in health equity efforts, including SUD Prevention history
- ▶ There are also success stories, strengths, and resources available to help us engage and find a better path forward

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