



## Input from the Community Collaborative for Secretary Worsham (and the Thought Partners)

### Questions

#### *Access to Care*

- What systems are in place to ensure that those most impacted (those with the least political power, the greatest health risks, and who contribute dearly to this state and country), can still access preventive care, chronic disease management, and culturally responsive services?
- How will you increase access to health care, including mental health and dentistry, for people with intellectual and other developmental disabilities, across age groups (and not just via Medicaid)?
- How will DOH stand firm against harmful federal approaches that restrict access to care and disproportionately harm women and communities of color?
- What strategies will DOH use to build a statewide safety net that protects reproductive justice, expands access to culturally relevant care, and ensures community voices drive decisions?

#### *Protecting Immigrant, Refugee, and Noncitizen Groups*

- Will undocumented people be able to apply for emergency medical insurance? Can an undocumented person apply without fear of being deported?
- Two important health issues my community faces now are federal persecution of immigrants and gender/reproductive care. Will DOH issue a standing order for OTC contraception access to address insurance barriers? How is DOH addressing privacy concerns for immigrant Washingtonians?
- What is the DOH doing to create safe spaces for vaccination for those who are undocumented among us?

#### *Collaboration and Funding*

- How are we using community voices and feedback in planning for tomorrow?
- From your perspective, what does a strong, intentional partnership between DOH and local health departments look like in practice and how can Pierce County play a role in modeling that?



- How will DOH fund community-rooted organizations without forcing them to compete against each other for scarce dollars, and instead incentivize collaboration across counties and regions?

## *General Questions*

- What does equity, diversity, inclusion and access mean to you? What will you do to make sure everyone gets the same services?
- How is DOH dealing with the classification of “dead zone” referring to services by state agencies to the Columbia Gorge.
- What is being done about provider accountability?

## *Community Priorities or One Thing You Should Know*

- Communities are concerned about the effects of **Medicaid and Medicare Cuts**.
- The **WIC software** needs updating. Inputting information is difficult.
- **Lack of access**. Providers refuse to serve people with disabilities (especially see this with mental health and dentistry).
- **Diversity includes disability**. When working to ensure programs and policies work for diverse groups, remember disability.
- **Health inequities have deepened** under the current political climate. Limited access to care, underfunded safety-net programs, and increased barriers for immigrant (both with and without status) and uninsured populations have made it even harder for families to meet their basic health needs.
- **Mental health** is declining due to fear of deportation and structural barriers to accessing mental health support services.
- For the Black community, the most pressing issues are maternal health inequities, chronic disease disparities, and mental health stressors linked to racism, housing insecurity, and financial instability. These challenges are intensified by **federal policies that restrict care and by structural racism** that continues to drive disparities in housing, income, and health.
- Communities of color and women are on the frontlines of inequities and harmful federal attacks. We need DOH to be an active shield and a proactive partner. **Funding** the organizations closest to community (while eliminating barriers through that process), **fostering collaboration across regions**, and holding systems **accountable to equity and justice**.
- Create mobile **integrated health approaches in rural communities** that support fees for service and keeps chronically ill out of the 911 system. Facilitate innovative approaches to empower EMS agencies and local health care providers and provide additional support to rural EMS services (levies and reimbursements alone will not keep them going).



## *Health Justice*

- **Increase value of individual experience and hold providers accountable.** Ensure they are learning more about syndemics and operating with trauma informed care during their practices.
- **Communication is key** and building a trusting relationship with our communities.
- **Meet with members of the intellectual and other developmental disabilities (IDD) community.** Do not assume disability is solely age related. "Aging and disability" tends to leave out people with IDD and more complex cognitive disabilities. When creating dashboards, include disability as a group to monitor outcomes.
- **Data should drive decisions** and must be both collected and **disaggregated**. Meaningful investments in time, staffing, and resources must be made to address disparities.
- **Increase support to meet language access obligations** (WA is currently failing): the lack of a credentialing pathway for interpreters of languages of lesser diffusion impedes meaningful access.
- **Invest in place-based care models, bilingual outreach, and partnerships with CBOs** that have long served populations without adequate support. We must also address the political and economic forces that exacerbate health disparities, because in my community, these inequities have only grown more severe.
- **Elevate the voices and stories** of those who are isolated due to fear and give them hope.
- **Commit to resourcing organizations led by and for communities of color and women**, not just inviting them to the table. Health justice means DOH must push back on federal policies that undermine access to care, while ensuring **equitable, long-term investment in community power** and solutions.

## *Public Health Workforce*

### *Pipeline Programs:*

- **Create and support "grow your own" programs**, partnering with local schools and community colleges to encourage students to pursue public health careers. Offering paid internships or professional opportunities close to home. **DOH's Workforce Pathways Program** is a key example, providing paid internships and mentorship to promote equitable access to public health careers.
- Offer **more opportunities for children/youth of color** to pursue careers in [public health/health care] to support a future where patients can receive services from people who look like them and allow them to feel comfortable.
- Strengthening a workforce that reflects and defends community needs. Creating career pathways for BIPOC, women, and LGBTQIA+, and supporting them with **equitable pay, training, and protections against political and policy attacks** that target their work.



## General

- **Work with community** on recruitment, hiring and retention of new [DOH] employees.
- **Show gratitude to our public health workers** (through public and private acknowledgment, financial and social services support, etc.) and highlight local leaders from different regions of the state.
- Sustainable funding, workforce protections, **community-rooted leadership, mental health and burnout prevention**.
- Recruitment and retention of all health care workers pre-hospital and clinical.

## Health Care System

- Ensure **annual wellness check** is available (offer early intervention for developing problems, such as obesity, depression, etc.).
- For those who are already ill, ensure they have a **social support network** of at least 3 people.
- Increase **accessibility, accountability**, and by putting some **power** back into the patient's hands.
- **Financial Incentives for rural health care workers**. Offering loan repayment programs, scholarships, and competitive salaries is crucial.
- Informing adults on how to provide health insurance to the minors.
- Issue **charity care rules that promote access to care** and collaborate to address the affordability crisis for health care.
- Build a resilient workforce, improve access and coverage, **center cultural responsiveness, modernize and maintain public health data systems** to better track disparities and respond to emerging needs.
- **Increase funding for community health workers** who can relieve the pressure on overburdened primary care clinicians by meeting the social needs of patients.
- Protect access to **reproductive and maternal care as a statewide priority**, even when federal pressures move in the opposite direction. Build accountability into health systems so that Black women, families of color, and immigrant communities receive **culturally respectful, safe, and equitable care**. The MMRP is doing great work around this. Would be great to see that work elevated.
- **Improve rural health care systems**: The health care system is overworked and underfunded. We need innovative solutions that enable and facilitate easier connections between pre-hospital providers and clinicians, particularly in rural areas where transport times are much longer, and to allow fee for services.



## Public Health System

### *Access and Inclusion*

- Widespread accessibility, mobile outreach clinics and funding more peer support for sensitive services.
- Support policies and communities that encourage socialization, exercise, and physical activity.
- Education about the effectiveness and importance of vaccines, easily digestible information and data and a support network to facilitate exchange of information across the state and within regions.
- Advocate for policies that **protect equity**.

### *Partnerships and Collaboration*

- Listen and work with all communities in your state. Come to our table instead.
- **Build trust** through community partnerships.
- Partner with local community organizations to educate hard-to-reach populations to **combat vaccine disinformation**.
- **Invest in regional collaboration, not competition**. The health of Washington depends on organizations working together, not fighting over limited resources.

### *Stabilize, Strengthen, and Sustain the Workforce*

- Providing access to **ongoing training and professional development** opportunities. Many educational programs are not in rural areas and local departments often create their own. **Collaborating with other agencies and leveraging statewide resources**, such as those from the Northwest Center for Public Health Practice, can help provide the training needed.
- Focus on **employee engagement and well-being**. Retention is directly tied to a positive work environment. Strategies like consistent communication between staff and leadership, employee recognition programs, and open feedback channels are crucial for boosting morale and reducing burnout.
- Public health isn't possible without communication that is understood by the most vulnerable members of the public. WA is **failing to meet language access obligations**. The lack of a **credentialing pathway for interpreters of languages** of lesser diffusion impedes meaningful access.