

Equity and Social Justice Inter-Branch Team Work Plan Template
January 1 to December 31, 2014

Agency:
| IBT Delegate: [Marguerite Ro](#)

Objectives	Description of Commitment(s) (Specify if department/agency level, countywide and/or with partners)	Indicators of Success	Expected completion date(s)	Result(s) and Lessons Learned
<p><u>Objective 1:</u> Consider equity impacts in decision-making, policy-making and program planning:</p> <p>Each dept./branch commits to specific policy or program focus areas to apply Equity Impact Review</p>	<p>PSB is infusing a process of considering ESJ impacts as part of Line of Business planning. Jail Health Services will participate in this work as part of our work with the Adult Detention Line of Business.</p>	<p>PSB will be working on this and will be accountable for reporting on it.</p>	<p>07/2014</p>	
	<p>Jail Health Services (JHS) leadership is developing a new strategic framework and True North of “Opening Doors to Healthier, Happier Lives.” As part of this work, we have found that our patient population needs both a patient-centered approach as well as a focus on transition back into the community. To help better understand the needs of our patients when they are in the community, we are working on identifying their barriers to care. By developing several focus groups with patients, providers, and administrators over the next several months, we hypothesize that we will have a better understanding of the needs of the patient and the underserved population as a whole. Understanding the barriers to care, will then further influence policy and practice decisions within JHS to help connect patients with the right service at the right time.</p>	<p>1) Completion of the focus groups by 03/2014 2) Evaluation of data by 05/2014 3) Development of next steps for policies and procedures by 07/2014</p>	<p>07/2014</p>	
	<p><u>Consider equity impacts on service access when making decisions about direct services provided by Public Health centers and programs.</u></p> <p><u>1. CHS/LOB Planning: Formal analysis of CHS programs via LOB to identify community needs for next 5-10 years. ESJ will be a fundamental components of analysis and decisions</u></p> <p><u>2. CHS Dental /Transition: The Dental</u></p>	<p><u>Identified programs and systems to support KC communities.</u></p> <p><u>Increased visits by target population</u></p>		

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		<p><u>program will transition to align and support the ESJ lens via:</u></p> <p><u>Population demographics-serving more low income adults including homeless, low income, minority, post-partum women, parents of established children and young adults.</u></p> <p><u>CHS Dental will look to integrate more directly with those regions most in need by June/July Renton facility move. Dental will be relocated with WIC/MSS programs to increase access for targeted clients</u></p>	<p><u>Increased number of WIC/MSS patients due to cross utilization between programs</u></p> <p><u>Increased visits by low income and minority clients during the extended hours of operation.</u></p>		
		<p>The Vulnerable Populations Strategic Initiative (VPSI) is included in the 2014-19 EMS Strategic Plan, and approved by the KCC. It includes improved public education and communications for LEP and vulnerable populations that interface with 9-1-1 system, and coordinates with the diverse workforce effort. Expect to develop local area pilot projects with vulnerable population and fire department partners.</p> <p>Lead: Michele Plorde/EMS and Hendrika Meischke /UW</p> <p>Continue to provide outreach to recruit and enroll a proportion of slots for more racially and ethnically diverse candidates in each Emergency Medical Technician training course.</p> <p>Lead: Jim Fogarty/EMS, Support: Marguerite/Tina Abbott</p>	<p>4) Plan to develop evaluation tools for each local area pilot project</p>	6 year project	
		<p>Implement more robust ESJ/Community engagement integration into EH programs:</p> <p>Division-wide committee formed and chartered</p> <p>Work with Solid Waste program and ESJ team</p>	<p>Committee development plan implemented</p> <p><i>Feb 2014: Committee development, retreat and workplan</i></p> <p>Review and discussion of pilot projects to identify next steps</p>	<p>2/28/14</p> <p>5/31/2014</p>	<p>The EH ESJ/CE Action Team has formed, have had a retreat to define and assess ourselves for a common understanding of ESJ work. Membership includes 22 staff who volunteered and are representative of every program in the Division as well as every personnel classification level. Additionally, the</p>

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	to implement recommendations from motivational interviewing project	Project workplan development Presentation of workplan and ideas to EH staff/ESJ team Proposal developed for training resources Schedule and conduct trainings Develop implementation and performance measures and reporting tools on effectiveness		members are racially/ethnically diverse. The Team’s workplan will be completed by Feb 28. More than 20 projects across the Division have been identified and many have already begun. The team is proposing that all EH staff get more training at the EH Conference in June, so that their implementation at the program level will be more effective. Motivational interviewing project is an example of the need for all EH staff to get more training. Not all staff are on board with the use of the method. Therefore the implementation is behind schedule. The ESJ/CE Action team has submitted a request to the EH Conference Planning team for this being a presentation at one of the breakout sessions.
	<p>Be more strategic and intentional in our approach to incorporate ESJ in ODIR and across divisions by ensuring that staff has access to staff development opportunities through training resources, available tools, and technical consultation and expertise.</p> <p>Work across program and division areas to include health disparity information in the Community Health Needs Assessment (CHNA)</p> <p>Identify equity implications for media around dissemination of key messages about public health topics, potentially politically sensitive issues</p> <p>Improve our capability to develop and disseminate culturally and linguistically appropriate health protection messages, visual materials, and outreach to vulnerable populations.</p>	<p>Improved capability of staff to have access to tools and resources to identify, build capacity, and develop systems to incorporate EJS into their work.</p>	Jan-Dec 2014	
Objective 2: Build community trust and capacity; Improved customer	Reducing health disparities via programs and clinic sites-CHS <ul style="list-style-type: none">Starting Jan 2014 adult services for	Increased opportunities for applied ESJ lens for programmatic purposes.		

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service;robust civic engagement Each dept./branch commits to areas for application of the community engagement guide	<p>post-partum women, parents of established children, young adults</p> <ul style="list-style-type: none">• 2012-2014-Patient Centered Medical Home Recognition at Eastgate. Transition to other primary care site to be completed 2014.• Increase focus to better coordinate deliver of care for the most complex clients• Removing hiring barriers for WIC nutrition assistant positions, conducted Lominger card sort to determine job qualities for positions and revamping job postings• Apply an equity lens to the planning and implementation of outreach and enrollment efforts to increase insurance coverage for health reform enrollment and for annual open enrollment.• Establish opportunities to promote enrollment with partner organization programs such as housing and human services.			
	Institute finalized ongoing customer service survey	<p>Rollout of customer service survey by Feb 2014</p> <ul style="list-style-type: none">- Walk in customers surveyed- Survey monkey conducted for online permitting <p>Surveys being adjusted for better feedback information, for March/April permit renewals</p>	2/28/14 (ongoing)	Customer service survey was implemented, and initial results were analyzed. The results gave 94-98% excellent ratings on the questions. The survey is being adjusted to improve on feedback information and has been ongoing. The Web-based survey for online permitting has also been implemented. However, we plan to do another big push on the walk-ins survey during our busiest season of permit renewals in March/April: 13,000 businesses renew their permits annually
	Apply equity lens for and utilization of best practices when working with City/County community partners and other entities to ensure underserved populations which include race, gender, language, and other	<p>Structures are in place to integrate the work of community engagement best practices and staff are involved at all phases of each project</p> <p>Systems are in place to elicit community participation, feedback, and benchmarks for</p>	Jan-Dec 2014	

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	<p>cultural groups are considered at all decision making and policy levels.</p> <p>Apply equity lens to build capacity and strengthen ESJ opportunities around community engagement projects:</p> <p>Such as:</p> <p>Transformation Plan</p> <p>Communities of Opportunity and Living Cities investments in low income centers</p> <p>Foster partnerships to deepen engagement efforts with existing partnerships that cross divisions such as Healthy King County Coalition</p>	<p>projects that may have revenue or policy impacts.</p>		
	<p>Preparedness Section</p> <p><i>PHRC Recruitment Project</i></p> <p>Implement a recruitment initiative to increase the diversity and language capacity among our Public Health Reserve Corps Volunteers to better reflect the community we serve.</p> <p><i>Community Shelter Partnership</i></p> <p>Build capacity among refugee and immigrant faith based organizations to provide emergency shelter for their community in order to enhance and build resiliency.</p>	<p>Percent change in the language capacity of the Volunteers</p> <p>Growth in number of native speakers</p> <p>Up to 50 volunteers from two Somali mosques and one Vietnamese Buddhist temple will be trained in opening a shelter in the event of an emergency</p> <p>Participating FBOs will have the necessary supplies to provide shelter for a limited number of community members</p>	<p>Jan –December 2014</p>	<p>These activities will assure more equity in emergency preparedness and response.</p>
<p>Objective 3: Promote fairness and opportunity in County government practices</p> <p>a) Each dept./branch commits to internal communications/engagement, as well as structures and mechanisms, to raise</p>	<p>Implement more robust ESJ/Community engagement integration into EH programs</p>	<p>ESJ-related projects started in two programs</p> <p>Participation in PH ESJ/Community engagement committee ongoing</p>	<p>7/31/14</p> <p>8/31/14</p> <p>Jan-Dec 2104</p>	<p>More than 20 projects have started across the Division. Each program has at least one active project or is in the process of starting up a project. Participation in the PH committee from EH staff has increased to 4 people and attendance from our LHWMP program is additional.</p>

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awareness and visibility of ESJ with employees at all levels				
	Continue to provide leadership for PH/ESJ Community Engagement Team and PHEAT (Public Health Equity Action Team)	PHEAT is expanded to include site-based liaisons to integrate ESJ practices at all staff levels.	Jan-Dec 2014	
Objective 3: b) Each dept./branch commits to continuous improvement to institutionalize equity in all organizational practices (e.g., hiring, procurement)	Organize HR processes and monitoring for EH	Develop tools for staff to integrate workplans with KC/EH Strategic Plan and Tier Goals	7/31/14	Aligning workplans with ESJ goals is beginning with two programs: LHWMP and Food.
	Ensure staff has opportunities for learning and training resources.	Staff has access to department-wide trainings, webinars and in-services.	Jan-Dec 2014	
Brainstorm: Any other ideas, possibilities, areas to explore in your department or countywide via the IBT?				

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