

Executive Summary: Health Impact Review of SHB 1680 On Closing the Educational Opportunity Gap

Evidence from the literature indicates that, overall, SHB 1680 has potential to decrease health disparities in Washington state.

This health impact review found the following evidence regarding the provisions in SHB 1680:

Student Discipline

- Some evidence that closing discipline gaps would decrease student perceptions of discrimination.
- Strong evidence that closing discipline gaps would decrease discipline recidivism and curb the school-to-prison pipeline.
- Very strong evidence that closing discipline gaps would decrease educational opportunity gaps.

Educator Cultural Competence

- Some evidence that cultural competence training would increase the cultural competence of educators.
- Strong evidence that educator cultural competence would decrease educational opportunity gaps.

English Language Learners

- Some evidence that increasing the number of educators with special education, bilingual education, and English language learner endorsements would decrease educational opportunity gaps.
- Strong evidence that the development of a new accountability system for the Transitional Bilingual Instructional Program, if grounded in evidence, would decrease educational opportunity gaps.

Data Disaggregation

- Strong evidence that disaggregating data could provide a better picture of educational opportunity gaps, thereby improving understanding of and the ability to decrease educational opportunity gaps.

Recruitment of Educators of Color

- Strong evidence that modifying the model framework for high school Career and Technical Education courses related to careers in education, creating articulated pathways to teacher certification, and ensuring that paraeducator apprenticeship/certificate programs meet standards of cultural competency would decrease educational opportunity gaps.

The Relationship between Education, Income, and Health

- Very strong evidence that decreasing educational opportunity gaps would decrease gaps in educational attainment.
- Very strong evidence that decreasing gaps in educational attainment would both decrease health disparities directly and indirectly through decreasing income gaps.

For more detailed pathways, strength-of-evidence analyses, and citations of empirical evidence refer to the full health impact review which can be found at:

<http://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2013-01-SHB1680.pdf>

For more information contact:
(360)-236-4106 | hir@sboh.wa.gov
or go to sboh.wa.gov

Executive Summary: Health Impact Review of SB 6170

Concerning Cultural Competency Education for Health Care Professionals

Evidence indicates that SB 6170 has the potential to increase cultural competency among health care personnel, which in turn has potential to improve health and health care outcomes for diverse patient populations, thereby decreasing health disparities

BILL INFORMATION

Title: Concerning cultural competency education for health care professionals

Sponsors: Senators Keiser, Becker, Pedersen, Cleveland, Hasegawa, McCoy, Kohl-Welles, Frockt, McAuliffe, Kline

Summary of Bill:

- Requires disciplining authorities specified in RCW 18.130.040 to adopt rules requiring health professionals to receive cultural competency continuing education.
- Requires the Department of Health to develop a list of continuing education opportunities related to cultural competency.

HEALTH IMPACT REVIEW

Summary of Findings:

This health impact review found the following evidence regarding the provisions in SB 6170:

- Strong evidence that cultural competency training for health care professionals improves the cultural relevance of care.
- Strong evidence that culturally relevant care improves health and health care outcomes and decreases health disparities.
- Strong evidence that culturally relevant care increases patient satisfaction.
- Some evidence that cultural competency training for health care professionals increases patient satisfaction.
- Some evidence that patient satisfaction is associated with improved health and health care outcomes..
- Minimal evidence directly indicating that cultural competency training for health care professionals improves health and health care outcomes and decreases health disparities (few studies have examined the direct link between training and health outcomes).

FULL REVIEW

For review methods, a logic model showing the potential pathways between the bill and decreased health disparities, strength-of-evidence analyses, and citations of empirical evidence refer to the full health impact review which can be found at:

<http://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2014-01-SB6170.pdf>

For more information contact:
(360)-236-4106 | hir@sboh.wa.gov
or go to sboh.wa.gov

Executive Summary: Health Impact Review of SSB 6439

Concerning Preventing Harassment, Intimidation, and Bullying in Public Schools

SSB 6439 has potential to decrease bullying; and evidence indicates that bullying is associated with negative health outcomes. Lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ), underweight, and overweight students disproportionately experience bullying and poor health outcomes. Therefore mitigating bullying would likely have a stronger positive impact on these populations, thereby decreasing health disparities.

BILL INFORMATION

Sponsors: Senate Early Learning and K-12 Education (originally sponsored by Senators Lias, Litzow, McAuliffe, Billig, Kohl-Welles, Keiser, Pedersen, Mullet, Rolfes, Cleveland, Fraser, Frockt)

Summary of Bill:

- The definition of harassment, intimidation, or bullying is amended to include emotional harm.
- Educational Service Districts (ESD) must develop trainings for the primary contacts (“Compliance Officers”) in their districts regarding the model antiharassment, intimidation, cyberbullying, or bullying policy. The training must be based on the model policy; preexisting resources, trainings, and videos provided on the Office of Superintendent of Public Instruction’s (OSPI) website; and include materials on hazing.
- The Compliance Officers must attend the training developed by their ESD at least one time.
- The Washington State School Directors’ Association must consult with the Office of Education Ombuds and others with expertise on civil liberties of students to update the policy to include cyberbullying. The policy must provide guidance to districts on how to enforce cyberbullying policies without violating student rights.

HEALTH IMPACT REVIEW

Summary of Findings:

We have assumed, based on bill language, that when developing trainings ESDs would fully leverage the resources on OSPI’s website which include best practices in bullying prevention, and that this has potential to improve Compliance Officers’ knowledge of and ability to address this issue thereby potentially decreasing bullying. If these assumptions are not met than the trainings may not be effective in reducing bullying.

This health impact review found the following evidence regarding the provisions in SSB 6439:

- Very strong evidence that decreasing bullying would likely improve health outcomes for students.
- Strong evidence that LGBTQ students are at high risk for being bullied and would therefore likely see improved health outcomes as a result of decreased bullying.
- Very strong evidence that LGBTQ youth disproportionately experience negative health outcomes (such as those associated with bullying), therefore improving health outcomes for this population would likely decrease health disparities.
- Some evidence that underweight and overweight students are at high risk for being bullied and would therefore likely see improved health outcomes as a result of decreased bullying.
- Some evidence that underweight and overweight youth disproportionately experience negative health outcomes (such as those associated with bullying), therefore improving health outcomes for these populations would likely decrease health disparities.

FULL REVIEW

For review methods, a logic model showing the potential pathways between the bill and decreased health disparities, strength-of-evidence analyses, and citations of empirical evidence refer to the full health impact review: <http://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2014-02-SB6439.pdf>

For more information contact:
(360)-236-4106 | hir@sboh.wa.gov
or go to sboh.wa.gov

Executive Summary: Health Impact Review of HB 2451

Restricting the Practice of Sexual Orientation Change Efforts

Evidence indicates that HB 2451 has potential to mitigate harms and improve health outcomes among lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) patients, a population that is disproportionately impacted by poor health outcomes, thereby decreasing health disparities.

BILL INFORMATION

Sponsors: Representatives Lias, Walsh, Moeller, Cody, Walkinshaw, Jinkins, Lytton, Goodman, Stanford, Wylie, Riccelli, Pettigrew, Roberts, Orwall, Ryu, Tarleton, Reykdal, Habib, Bergquist, Gregerson, Farrell, Pollet, Ormsby

Companion Bill: [SB 6449](#)

Summary of Bill:

- Expands the list of acts that constitute unprofessional conduct by a licensed health care provider to include performing sexual orientation change efforts on a patient under age 18.
- Defines “sexual orientation change efforts” as any regimen that seeks to change an individual’s sexual orientation—including efforts to change behaviors or gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. The definition does not include psychotherapies that promote acceptance, support, and understanding or facilitate coping, social support, and identity exploration, or provide interventions to address unlawful conduct or unsafe sexual practices, as long as they do not seek to change sexual orientation.

HEALTH IMPACT REVIEW

Summary of Findings:

This health impact review found the following evidence regarding the provisions in HB 2451:

- Some evidence that restricting sexual orientation change efforts would decrease the risk of harm and improve health outcomes for LGBTQ patients.
- Very strong evidence that LGBTQ adults and youth disproportionately experience many negative health outcomes, and therefore mitigating any emotional, mental, and physical harm among this population has potential to decrease health disparities.

FULL REVIEW

For review methods, a logic model showing the potential pathways between the bill and decreased health disparities, strength-of-evidence analyses, and citations of empirical evidence refer to the full health impact review which can be found at:

<http://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2014-03-HB2451.pdf>

For more information contact:
(360)-236-4106 | hir@sboh.wa.gov
or go to sboh.wa.gov



Executive Summary: Health Impact Review of Community Health Centers' Capital Budget Request

Request to Partially Fund the Construction of Five Community Health Centers

Evidence indicates that funding these community health centers has potential to increase access to culturally and linguistically appropriate health care and improve health outcomes for a projected 42,300 underserved patients, thereby decreasing health disparities

CAPITAL BUDGET REQUEST INFORMATION

Sponsor: Representative Ryu

Summary of Request:

- Requests 25% of the funding needed to build five community health centers (CHCs)—a total funding request of \$14,700,000.
- Each project contact indicated ways their organization has secured or plans to secure the remaining funding to complete the project.
- These health centers include International Community Health Services in Shoreline, Yakima Valley Farmworkers Clinic in Toppenish, and Sea Mar Community Health Centers in Ocean Shores, Seattle, and Vancouver.
- Four of these projects would replace existing health centers with larger and more comprehensive facilities, while the fifth project would construct the first CHC in Shoreline.
- Combined, these five CHCs would provide care to a projected additional 42,300 patients once the clinics are operating at full capacity (which takes an average of three years).

HEALTH IMPACT REVIEW

Summary of Findings:

We have assumed that if these CHCs are provided with 25% of the funding for these projects, as requested, then the organizations would be able to secure the rest of the funding needed to complete these builds. This appears to be a strong assumption since each of the project contacts has indicated ways their organization has secured or plans to secure the remaining funding needed to complete the project.

This health impact review found the following evidence regarding this capital budget request:

- Very strong evidence that building these new CHCs and increasing patient capacity would likely increase access to care for underserved populations.
- Strong evidence that building these new CHCs and increasing patient capacity would likely increase access to culturally and linguistically appropriate care.
- Strong evidence that increasing access to care for underserved populations would likely improve health outcomes for these patient populations.
- Strong evidence that increasing access to culturally and linguistically appropriate services would likely improve health outcomes for diverse patient populations.
- Very strong evidence that improving health outcomes for underserved populations would likely decrease health disparities.

FULL REVIEW

For review methods, a logic model showing the potential pathways between the budget request and decreased health disparities, strength-of-evidence analyses, and citations of empirical evidence refer to the full health impact review: <http://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2014-04-Capbudget.pdf>

For more information contact:
(360)-236-4106 | hir@sboh.wa.gov
or go to sboh.wa.gov