

Governor's Interagency Council on Health Disparities STATUTE REDESIGN

Council's Goal: We will recommend updates to our authorizing statute to incorporate 17 years of work and learning addressing health disparities in Washington State.

Current Statute: RCW [43.20.270 - 285](#)

Areas of statute to consider:

Intent	What the state hopes to achieve.
Purpose	Reason for being, including main role and need(s) we must address.
Power & Responsibilities	How we operate and the channels we use to achieve our purpose, make impact, and exercise influence. Interaction with key partners. Accountability measures.
Deliverables	Products we must deliver, to whom, and the frequency.
Structure	Group classification, membership, subcommittees, etc.
Staffing	Staffing level and roles dedicated to our operation.
Funding	Funding level and source(s) to achieve our purpose and sustain efforts.

Health Disparities Council
January 25, 2022

	Current Statute (RCW 43.20.270 – 43.20.285)	Progression of Ideas
<p>1. INTENT What the state hopes to achieve.</p>	<p>Intent: “It is the intent of the Washington state legislature to create the healthiest state in the nation by striving to eliminate health disparities in people of color and between men and women.”</p>	<ul style="list-style-type: none"> • Incorporate the Council’s vision statement and operating principles • Need to think about what we don’t want (disparities and inequities) as well as what we <i>do</i> want (What is the vision?). • Promote justice: economic, environmental, language, food, etc. • Language of <i>needs</i> and <i>rights</i> (what people need to be healthy; everyone has the right to health) • Advance anti-racism, wellbeing, healing, belonging, access, and health equity • Advance health equity and social justice through creating an environment where all communities can be the healthiest versions of themselves • Eliminate root causes of health disparities and inequities. Racism is a public health crisis. • Maximize wholeness and minimize harm • Prevent harm in the first place. Help communities build strength and interconnectedness. • Intentional use of anti-racist and gender inclusive language
<p>2. PURPOSE Reason for being, including main role and need(s) we must address.</p>	<p>Purpose:</p> <ul style="list-style-type: none"> • Promote and facilitate communication, coordination, and collaboration among relevant state agencies and communities of color, and the private sector and public sector, to address health disparities. • Create an action plan and statewide policy to include health impact reviews that measure and address other social determinants of health that lead to disparities as well as the contributing factors of health that can have broad impacts on improving status, health literacy, physical activity, and nutrition. <p>Focus topics:</p> <ul style="list-style-type: none"> • Health disparities by race/ethnicity and gender • Social determinants of health (SDOH) • How government actions ameliorate or worsen health disparities • Culturally appropriate health literature and interpretative services in public and private health-related agencies 	<ul style="list-style-type: none"> • Incorporate the Council’s vision statement and operating principles. <ul style="list-style-type: none"> ○ Be bold; avoid unintended consequences; etc. • Create a standard/vision for health in our state that can guide our recommendations as well as other areas of work (HEAL, Office of Equity, Health Impact Reviews, etc.) <ul style="list-style-type: none"> ○ What is our highest conceivable standard for what a healthy community looks like? Include uniqueness of geography, culture, etc. ○ What resources does a person or youth in our state need to attain health and wellbeing? ○ Serve as a “conduit for vision” • Leadership <ul style="list-style-type: none"> ○ How do we lead government/agencies to do transformative things? ○ Connect with other government efforts and equity initiatives. Where are we in the ecosystem and how do we add to it? ○ Supporting, compelling, propelling efforts. ○ How can we be a place for important issues of health and well-being? “Beacon” – the Council should be where people bring topics and conversation. • Promote state agency collaboration and alignment <ul style="list-style-type: none"> ○ Support but do not duplicate EJ Council, Office of Equity, Poverty Reduction Workgroup, commissions, etc. ○ Align efforts with the 15 determinants of equity (Governor’s Exec Order 22-04) ○ Share resources and tools; align resources on specific topics ○ Facilitate conversations

We are using this document to brainstorm. These ideas are evolving and do not reflect a final position.

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	<ul style="list-style-type: none"> • Priority diseases, conditions, and health indicators <ul style="list-style-type: none"> ○ In RCW: Diabetes, asthma, infant mortality, HIV/AIDS, heart disease, strokes, breast cancer, cervical cancer, prostate cancer, chronic kidney disease, sudden infant death syndrome (SIDS), mental health, women's health issues, smoking cessation, oral disease, immunization rates of children and senior citizens, etc. 	<ul style="list-style-type: none"> • Focus topics: <ul style="list-style-type: none"> ○ Health <i>and</i> wellbeing <ul style="list-style-type: none"> ▪ Holistic, multi-dimensional approach (physical, mental, emotional, economic, etc.) ○ Health disparities <i>and</i> health equity <ul style="list-style-type: none"> ▪ Eliminate root causes of disparities and inequities ○ Promote justice: economic, environmental, language, food, etc. <ul style="list-style-type: none"> ▪ Economic justice and health: Look at how wealth and health are connected. Real engagement around this issue and do something no other state has done to address it. ○ Advance anti-racism, wellbeing, healing, access, and equity ○ Have flexibility to work on the same breadth of topics as Health Impact Reviews (SDOH) ○ Data equity

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<p>3. POWER & RESPONSIBILITIES How we operate; channels we use; interaction with key partners; accountability measures.</p>	<p>How we operate & channels we use:</p> <ul style="list-style-type: none"> • Interagency coordination • Develop policy recommendations for agencies, legislature, and Governor • Hold public meetings • Form advisory groups on specific topics • Research and information gathering (public hearings, inquiries, studies, literature reviews, review of existing data, etc.) <p>Key partners</p> <ul style="list-style-type: none"> • Some agencies working in the social determinants of health (SDOH) are on the Council • State ethnic commissions (CAAA, CHA, CAPAA) are on the Council • All state agencies must cooperate with the Council • Communication, coordination, and collaboration among state agencies, communities of color, and the private and public sectors <p>Accountability measures</p>	<ul style="list-style-type: none"> • Authority <ul style="list-style-type: none"> ○ What do we want more authority over? ○ Ability to take policy positions and create legislative proposals ○ Strengthen of agency voices: endorsements; agency positions; proactive ability to lift up issues and take action ○ Stand by our values and policy recommendations, even when other parts of government aren't ready ○ Only endorsing policies that everyone agrees on already is not being bold • Accountability <ul style="list-style-type: none"> ○ What accountability mechanisms do other groups have? ○ Innovative ideas? • Relationship with Governor's Office • Promote health and equity in decision-making <ul style="list-style-type: none"> ○ Agency-specific tools ○ Recommendations to inform policy direction ○ Strategies to identify and advance equity-focused legislation • Connect community voice with state decision-makers <ul style="list-style-type: none"> ○ Community forums ○ Participation in legislative session ○ Documenting and lifting up community solutions and visions ○ Producing qualitative reports and recommendations ○ Strengthen relationships between state agencies and community leaders ○ Change the narrative on things like race and racism • Strengthen relationships between equity leaders at various agencies

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<p>4. DELIVERABLES Products we must deliver; to whom; and the frequency.</p>	<p>Deliverables</p> <ul style="list-style-type: none"> • State action plan (update every 2 years) <ul style="list-style-type: none"> ○ Measure social determinants of health and disparities ○ Policy recommendations for agencies, legislature, and Governor ○ Address priorities on an incremental basis by adding no more than five diseases, conditions, and health indicators to each update or revised version of the action plan ○ Recognize the need for flexibility • Health Impact Reviews (HIR) <ul style="list-style-type: none"> ○ Analyze proposed bills and budget items for impacts on health and equity ○ Non-partisan; objective; rigorous review of scientific literature; includes key informants 	<ul style="list-style-type: none"> • Keep a reporting requirement and the ability to make recommendations <ul style="list-style-type: none"> ○ Council reports give members something to point to when they approach agency leadership for support and buy-in to advance equity changes • Reconsider the descriptors of what we're measuring and supposed to be reporting on <ul style="list-style-type: none"> ○ Harmful: A hyper-medicalized, downstream focus that reinforces the medical establishment • Have flexibility to work on the same breadth of topics as HIRs (SDOH) and root causes of inequities
<p>5. STRUCTURE Group classification; membership; subcommittees; etc.</p>	<p>Structure & Membership:</p> <ul style="list-style-type: none"> • Diversity in race, ethnicity, and gender • Class 1 group (advisory) • Membership <ul style="list-style-type: none"> ○ 14 state agencies, including 3 ethnic commissions ○ 2 members of the public representing interests of health care consumers ○ 1 chair appointed by the Governor 	<ul style="list-style-type: none"> • Include youth voice/a youth representative • Include elder wisdom through older adult groups or organizations • Include representation for LGBTQ+ community <ul style="list-style-type: none"> ○ Include non-binary and gender diverse individuals and SDOH that impact these populations • Look at the structure of other groups <ul style="list-style-type: none"> ○ Formal membership structure (set in statute) is exclusionary by nature, keeps us in silos, and requires one person to represent a huge community/agency ○ EJ Council is primarily community members; agencies are ex-officio (non-voting members) ○ Look at collaborative models (e.g., WA State Department of Health, Tacoma Pierce Public Health Dept) and encourage collaborative participation ○ Possible structure: core membership + larger membership open to people contributing to our body of knowledge and work

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6. STAFFING & FUNDING	<p>Staffing</p> <ul style="list-style-type: none">• 1.0 FTE Council Manager (WMS 2)• Administrative and communications support from the State Board of Health <p>Funding</p> <ul style="list-style-type: none">• May obtain federal or private funding to implement duties (RCW 43.20.290).	

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