



**Final Minutes of the Governor's Interagency Council on Health Disparities**  
**February 16, 2023**  
Virtual ZOOM Platform

**Council members present:**

Benjamin Danielson	Millie Piazza	JanMarie Ward (Alternate)
Michelle Davis (Alternate)	Elizabeth Perez (Alternate)	Naisha Williams
DoQuyen Huynh	Victor Rodriguez	Jessica Zinda
Nicole Johnson	Greg Williamson	
Stephen Kutz	Donald Smith (Alternate)	

**Council members absent:**

Lydia Faitalia	Jessica Hernandez	Rian Sallee (Alternate)
Willie Frank	Diane Klontz	Leah Wainman
Sara Franklin-Phillips	Kelly McLain (Alternate)	
Renee Fullerton	Lena Nachand (Alternate)	

**Staff present:**

Grace Cohen, Council Fellow	LinhPhụng Huỳnh, Council Manager
Melanie Hisaw, Executive Assistant	Kelie Kahler, Communications Specialist
Jo-Ann Huynh, Administrative Assistant	

**Additional participants:**

Fathiya Abdi, Public Participant  
Tracey Carlos, WA State LGBTQ Commission  
Dylan Dresser, Public Participant  
Cristina Ortega, Public Participant  
eScot Sternberg, Public Participant  
Consuelo Villarel, Public Participant  
Maketa Wilborn, Graphic Facilitator

During the virtual meeting, approximately 10 members of the public joined. The Council thanks all those who took time to join, listen in, and share their personal experiences and perspectives during the meeting.

Victor Rodriguez, Council Vice Chair, called the public meeting to order at 9:04 a.m. and read from a prepared statement (on file). Vice Chair Rodriguez stated the Council values community voice and we are trying to make more inclusive spaces. He said the Council strives to find opportunities for members of the public to share their thoughts throughout the meeting. The kind of future we are trying to build really requires the whole community to come together to envision it.

Vice Chair Rodriguez introduced Maketa Wilborn, the graphic facilitator for the Council Redesign Workshop.

Maketa Wilborn, Graphic Facilitator, opened space for short introductions and asked participants to share 1 to 2 words that describe what health or well-being means to them. Some words shared included: comfort, safety, freedom, opportunity, cozy, all encompassing, healing, liberation, living the best life enjoying good health and happiness, true joy, peace, love, opportunity, quality (ability to enjoy life to the fullest), power, resilience, restorative, wholeness, un estado de complete bienestar entre nuestros sistemas / complete wellness among our systems, human rights, interconnectedness, stability, interdependence, solidarity, access, empowerment, everything.

## 1. APPROVAL OF AGENDA

**Motion:** Approve February 16, 2023 agenda.

**Motion/Second:** Ward/Piazza. Approved unanimously.

## 2. COUNCIL REDESIGN WORKSHOP

LinhPhung Huynh, Council Staff, and Vice Chair Rodriguez provided an overview of the Council's redesign process, today's meeting materials, and the progress made in redesign workshops so far (presentation on file). Maketa Wilborn, Graphic Facilitator, reviewed the agenda for the redesign workshop.

For the draft Intent & Purpose Statement (on file), Maketa invited discussion around 3 guiding questions:

1. Has the input from the January meeting been effectively intergrated into the current draft?
2. Agency Members: How would this intent & purpose statement support your agencies' efforts to promote health equity and justice?
3. Are we effectively changing the narrative around health in ways that align with our vision of equity and racial justice?

Greg Williamson, Council Member (Department of Children, Youth, and Families), stated that he believes the draft reflects conversation in previous workshops. He said it feels like work that agencies can and are working on, as well as where we can collaborate with other agencies. He asked for clarification of where "health as a right" lives in the statute. Linh directed the council to the top of page two: "Health equity only exists when all individuals have the opportunity to attain their full health potential. The legislature finds that every Washingtonian has the right to achieve their full health potential..."

Dr. Karen A. Johnson, Director of the WA State Office of Equity, shared her support for the draft statement and said it was good to hear words like "freedom" and "restoration" in this space. She expressed concern that there are current limitations to the Council's ability to work towards this vision. She stated that the Office of Equity will stand with the Council and hopes to see the Council and Office of Equity joining voices together to stand for access; the right to exist; the right to life, liberty, and the pursuit of happiness; and the right to health and wellbeing.

Maketa reflected on Dr. Johnson's words and the necessity of partnership to complement the power the council could have. He suggested this concept could be critical to the upcoming conversation regarding Council power and responsibility.

eScot Sternberg, Public Participant, suggested the explicit addition of immigrants (of any status) to the statement, potentially in paragraph 3. Dylan Dresser, Public Participant expressed appreciation for the human-centered approach and the mention of water, air, and environmental impact to health and wellbeing. They suggested using a more global look at health and wellbeing, as that is important to changing the narrative around health.

Jessica Zinda, Council Member (Department of Social and Health Services) and Redesign Co-Lead, shared that she brought this to her agency leadership and they are in support of this statement. They do not see anything that misaligns with DSHS's work. Millie Piazza, Council Member (Department of Ecology), said the draft statute language feels good. She added that the statement lacks a call to action to address health disparities. In her work on environmental justice, she has learned that while many think global initiatives help everyone, they often miss addressing disparities or gaps.

Translated from Spanish: Consuelo Rodriguez, Public Participant, shared that in the Yakima Mountains there is a lot of work to do, especially in terms of protecting residents from COVID-19. She expressed the need to represent the people of Yakima. Elizabeth Perez, Council Member (Department of Health), shared that she appreciated a One Health and holistic approach to wellbeing. She recommended using language like "across the lifespan" so the statement better includes aging individuals.

Donald Smith, Council Member (Workforce Board), asked if the Council currently has all the information we need to determine the factors of health disparities. He reflected on his previous work, in which communities expressed isolation from health care and exclusion from economic opportunities. He said this sort of information is critical to share with policymakers.

Maketa asked participants to share their impression of the draft Intent & Purpose Statement, using a scale of 1 (do not support) to 5 (statement is complete and needs no changes). Participant votes ranged from 3 to 5. Benjamin Danielson, Chair, shared his rating of 4.5. He liked the more eco-systemic perspective and the explicit inclusion of immigrant populations.

Maketa reflected that a 5 is perfection, which may not be achievable. He asked Council members if they would like to move to a formal vote on the draft intent and purpose statement. Vice Rodriguez explained that while there is more work to do to get to a full proposed statute, a vote on this draft Intent & Purpose Statement today would allow us to move forward in the redesign process.

Stephen Kutz, Council Member (State Board of Health), shared that over the years, the Council has struggled with how to leverage influence. He asked how we could make this statement useable to state agencies and suggested that state agency leaders could incorporate the Council's vision in their processes.

Council Member Piazza stated she agrees with the statement, but is struggling with how long it is. Council Member Williamson said he did not disagree with the Intent & Purpose Statement, but it needs to be tightened up. He also felt the heart in the words and is willing to fight for it. Quyen Huynh, Council Member (Health Care Authority), stated she got a chance to review and give feedback prior to this meeting. She expressed that she struggled with how government-centric the language is and said it should be more community-focused.

Council Member Zinda shared appreciation for this feedback and sees this conversation as an opportunity to build trust. She also recognized the importance of agency buy-in throughout the redesign process. She ask the group: Are we being as bold as we can be? Council Member Perez agreed with Council Member Huynh that the draft statement feels governmental. She also reflected that statute must expressly state the collective nature of our work, otherwise we are saying that it's just the work of state agencies. She shared concern around building a framework without investment and asked how the statement could help keep agencies accountable.

Council Member Smith said the draft Intent & Purpose Statement reads more as a resolution than something we want to codify into law. He said the statement was shared with the Workforce Board's staff leadership, who recognize that this is a draft and they can stand behind it at this point. He said the statement needs more "meat" for it to be successful. Council Member Kutz suggested the need for more action verbiage, as well as language about hearing what community's priorities are and how the Council can assist.

Council Member Ward stated that she feels the current draft is actionable. She reflected that while the statements are broad, they significantly address inequities and bring community into our thinking. She feels what is missing from the the statement are the actions the Council will take and the scope of the Council itself. She also stated that she believes the "right to health" is critical to our work and acknowledging it in the Intent & Purpose Statement is powerful.

Maketa reflected on Council Members' feedback, and which concepts belong in the Intent & Purpose Statement and which concepts will fit better in other areas of statute that have not been written yet. Linh gave context to the Intent & Purpose Statement, which was strategically broad based on conversations in the redesign workshops. She reviewed all the areas of statute, and how other areas—such as authority/power and responsibilities, deliverables, structure and membership, staffing, and funding—will be more specific as we progress in the redesign. She reflected on the Council's current statute and redesign participants' desire to move away from simply closing gaps toward reaching the highest conceivable quality of health. She asked Council Members if they feel we are moving in the right direction with this draft Intent & Purpose Statement and, if not, what should we do differently?

**Proposed Motion:** The Council is committed to using this Intent & Purpose Statement to guide the redesign project and our recommendations for specific Council responsibilities, authority, structure, staffing, and funding. The Council strives to learn from community and other partners, so we acknowledge that specific wording in the Intent & Purpose Statement may evolve as we learn more and progress in the redesign.

**Motion/Second:** Piazza initially motioned with proposed changes; Williamson seconded. As the Council discussed the motion, attendance dipped below quorum and the vote could not be completed.

The Council took a break at 10:48 a.m. and reconvened at 11:00 a.m.

### 3. COUNCIL REDESIGN WORKSHOP (CONTINUED)

Maketa provided a synthesis and said that members' informal check on the draft Intent & Purpose Statement was around 3 to 4 out of 5. Vice Chair Rodriguez said we are going in the right direction.

Maketa introduced the next topic, Council Power and Responsibilities. He reviewed the core question: What authority, responsibilities, and structure would the Council need to achieve its redesigned purpose?

Member Kutz talked about power being shared and expressed various challenges he anticipates when recommending statute changes to the legislature. Linh said she understands his concerns and our work is focused on how to get that boulder up the hill. The Council, community, and government partners can work together on creating recommendations to propose through the appropriate government channels. She said the redesign project is intended to result in a proposal for the 2024 Legislative Session and making recommendations is within the Council's power.

Consuelo Villarel, Public Participant, asked if the Intent & Purpose Statement is supposed to name all our action items. She said it should take a broader view and agreed with Council Member Ward's statement about including health as a human right in the statement. Tracey Carlos, LGBTQ Commission staff, asked how the Council could track agency efforts and progress.

Member Huynh said she feels a bit stuck. We talk about sharing power but without being able to track, we do not know if the needle is moving. She shared concern about tokenizing folks when we say we want to share power. Maketa asked if the Council's proximity to power allows us to move the needle, or whether we need to be positioned differently and more strategically. Vice Chair Rodriguez said it is important to define different kinds of power, so we can realize the power we do have and not give up our power. He said disobedience is one form of power—if we do this collectively, the system has to respond to it. He asked how we can make sure we write power into our words and also strengthen our relationships and bond as people who believe in equity and justice, not just as representatives from various agencies. He said based on our values, the Council should be rooted in community.

Member Kutz said agency members on the Council are conduits for change. Member Piazza said being change agents from within requires a huge lift and the obstacles can be insurmountable at times. Conversations about change and accountability are not new, but we are facing a new opportunity now. There is a constellation of alignment on motivation and accountability. Member Piazza talked about the power of the Healthy Environment for

All (HEAL) Act that directs agencies to re-center and prioritize disparities and injustice to realize change on the ground. She said this law is imperfect, but it is a critical step.

Participants moved to breakout rooms where Vice Chair Rodriguez, Council Member Zinda, and Maketa facilitated discussion on redesign ideas and the following questions:

- What authority, responsibilities, and structure does the Council need to achieve its redesigned purpose?
- How should the Council be structured to co-create with community?
- Does the Council's proximity to power enable the changes that we are seeking?
- What Power levers should the Council have access to?

In the breakout rooms, participants discussed what power is needed to implement policies across agencies, as well as what power can we expect the legislature to give us. They discussed how the Council can promote accountability and also be accountable to communities.

The Council took a lunch break at 12:03 p.m. and reconvened at 12:35 p.m.

#### **4. PUBLIC COMMENT**

Vice Chair Rodriguez announced the Council was transitioning to the public comment period and read from a prepared statement (on file).

There were no public participants signed up to give comment during the formal public comment period.

Linh shared a written public comment, submitted by Ali M. Thomas, Washington Permanente Medical Group. Dr. Thomas asked how the Council engages in workforce development, as his work promotes underrepresented minoritized students to enter health-related leadership careers. Council Member Huynh said careers with the greatest power to impact health outcomes can be at healthcare agencies or in frontline care provision. She said these options would require different strategies, but a lot can be done. Linh said that the Workforce Training & Education Coordinating Board could also provide perspective, which may extend beyond the workforce in state agencies. She said that she would love to coordinate a written response with Council members.

Vice Chair Rodriguez said that the norms of government meetings can make community members feel like guests and not full participants. He welcomed community members to participate openly during this meeting.

#### **5. APPROVAL OF MINUTES**

Council members reviewed the December 15, 2022 draft minutes. However, the Council did not have quorum so there was no motion or vote.

## 6. ANNOUNCEMENTS, COUNCIL BUSINESS, AND LEGISLATIVE SESSION

Linh provided a briefing with updates (presentation on file). First, she spoke about the federal government's expected end to the COVID-19 public health emergency declarations on May 11, 2023. She said that this anticipated end is a formal development, which does not fully acknowledge the continuing impacts of the pandemic on communities. She shared a link to the U.S. Health and Human Services (HHS) Department notice explaining which COVID-19 related services and coverage will be affected and which are expected to continue (on file). She said that there will be a general transition to traditional health care coverage for COVID-19 vaccinations, testing, and treatment. Per HHS, the Center for Disease Control (CDC) will continue to promote testing and vaccines through programs such as Increasing Community Access To Testing. A goal of this program is to promote equitable access for uninsured and under-insured individuals in areas experiencing inequities, though its success depends on funding availability.

Linh then spoke about Washington State's transition and impacts to individuals with Apple Health (Medicaid) coverage. Under the Families First Coronavirus Response Act (2020), most Apple Health clients continued to receive Apple Health coverage throughout the COVID-19 public health emergency through a process called 'continuous coverage.' Apple Health no longer terminated clients who did not renew or did not complete an eligibility review. The Consolidated Appropriations Act (2023), which takes effect March 31, 2023, decouples Medicaid continuous enrollment from the public health emergency. This new law allows states to resume Medicaid disenrollment on April 1, 2023. The Washington State Health Care Authority (HCA) will spend the next year redetermining eligibility for Apple Health (Medicaid) clients and coverage will be terminated for clients who are no longer eligible. She said roughly 450,000 clients may be impacted during this 12-month redetermination period (i.e., could lose their Medicaid coverage). Linh said that the HCA, WA Health Benefit Exchange, and Department of Social and Health Services (DSHS) are working closely to develop plans to communicate with clients, redetermine their eligibility for Apple Health, and make referrals to the marketplace for other insurance.

Vice Chair Rodriguez said that one of the Council's foundational truths for our redesign is related to impacts of the COVID-19 pandemic on communities. He said there is an opportunity to learn from a collective experience and re-organize ourselves to reflect our interconnectedness. Health and safety are interconnected and our lives, institutions, and values should reflect that. He said that these societal changes are important to consider when thinking about the end of the federal emergency declarations.

Linh asked Council members to discuss how their agencies are assisting communities with this transition and invited community members to speak about their experiences. Council Member Williamson discussed his work on housing at the Department of Children, Youth, and Families (DCYF). He said that county governments had received flexible COVID-19 funding, which they used to launch housing programs, particularly for transition-aged youth leaving foster care. He said that while this federal money is going away with the end of the emergency declarations, DCYF has asked for state funding to continue the program and their request has been advancing thus far. He said young people served by DCYF felt impacts all throughout the pandemic: no rental units being available due to the rent moratorium; then shifts in unit availability when the

moratoriums lifted and people were evicted; and now as economic safety nets put in place during the pandemic are being taken away. He highlighted the way the pandemic exposed cracks in our systems and connected this to Vice Chair Rodriguez's point of the pandemic's far-reaching impact. He said that this could be a great learning opportunity if we focus on it, and that temporary, band-aid solutions will set us back further.

Consuelo Rodriguez de Negrete, La Casa Hogar, said there are community members concerned about vaccination costs, and that even insured folks seeking a vaccine booster before May are not sure about their insurance coverage.

Linh then provided an update on the next topic: initial proposals for revision of federal race and ethnicity statistical standards. She said the current federal minimum standards for race/ethnicity data are outlined in Statistical Policy Directive 15 (SPD 15), which was last updated in 1997. She explained that SPD 15 provides a minimum set of reporting categories that all federal agencies must use when collecting individual information on race and ethnicity, regardless of the purpose or channel of collection. These standards affect how data are collected at the state level because state-level data is often reported to federal agencies through various programs. Currently, the minimum reporting categories include 2 reporting categories for ethnicity and 5 reporting categories for race. SPD 15 encourages, but does not require, collection of disaggregated data. She said the federal government has convened a workgroup to review these standards and consider revisions. The workgroup released initial proposals for updating the standards and is asking for public comment by April 12, 2023.

Linh shared that in the past, the Council has recommended that Washington State government ensure disaggregated data are routinely collected, analyzed, and disseminated to monitor disparities and evaluate the effectiveness of interventions. The Council has also recommended to the Governor and state legislature that state government should collect racial/ethnic and other demographic data at the most detailed level possible, to more accurately understand where inequities are being experienced.

Council Member Huynh said that the Health Care Authority (HCA) has been actively working on this issue. She explained that in the past, HCA has been able to collect HIPAA-protected race/ethnicity and language data for Medicaid patients, but not for school employees (SEBB beneficiaries) and public employees (PEBB beneficiaries) due to public disclosure policies. She said this creates a huge gap in the data, as many school and public employees have diverse backgrounds and experience inequities. HCA has proposed Senate Bill 5421, which asks for Public Records Act exemptions for this information.

Linh asked if member agencies had heard about the initial proposals to revise federal race/ethnicity statistical standards and whether the Council would like to highlight our past recommendations through public comment. Council Member Piazza said she saw no downside to commenting as a Council. She said this move aligns with current and past Council messaging about how problematic aggregation is, and also aligns with the Department of Ecology's work.

Council Member Williamson said something missing in the federal government's initial proposal is a recognition of tribal sovereignty and ownership of tribal data, which Council members have discussed in the past. He said that the proposal to include South West Asian and North African (SWANA) as a racial group, distinct and separate from white, harkens to past discussions of the inclusion/exclusion of Native Hawaiians and Pacific Islanders from the aggregate Asian reporting category. He spoke to Dr. Thelma Jackson's idea of racial formation being determined by both geography and time, and gave an example of how recent African migrants have different lived experiences from Black Americans whose ancestors were forcibly migrated during the slave trade, despite falling into the same racial category.

Council Member Kutz discussed the importance of self-identification for multiracial or multiethnic individuals. He said that the federal government's current methods for collecting race/ethnicity data in the census essentially disappear Indigenous people, giving the example that people who identify as both Hispanic and Native American are automatically classified as Hispanic. Linh said that this issue may be addressed in one of the proposals, which allows for the collection of racial and ethnic information together. She spoke about a development in the State Office of Financial Management, which allows for Indigenous identity to be collected independently as well as in combination with additional identities. Council Member Kutz elaborated on the impacts of the federal government's data collection methods, saying that when they were updated to their most current iteration, the recorded number of Indigenous people on Medicaid decreased significantly due to misclassification. Council Member Huynh suggested a contact at HCA for Member Kutz to connected with on this issue.

Vice Chair Rodriguez shared that he is struggling with a tension: the importance of data as an institutional tool and the perpetuation of racial reporting categories as a top-down method for defining communities. He said the Council should consider these tensions as to not gain only transactional wins (e.g., gaining another reporting category), but transformational wins. Fathiya Abdi, Public Participant, suggested that the Council take an anti-racist approach when drafting public comment submissions. Linh said she would contact the Governor's Office about next steps on proving public comment to the federal work group.

Staff Member Huynh then transitioned to the last topic of Legislative Session. She shared that during Governor Inslee's State of the State Address to the state House of Representatives and Senate, he named the following as priority policy issues: housing and homelessness; access to behavioral health services; investments in K-12 education; climate change response measures; and protecting reproductive rights and access. Linh said the Council adopted a position last year to use a reproductive justice framework when examining issues. Related to this topic, the Governor is encouraging legislative action to better protect patient data and privacy; to protect patients and providers from prosecution by other states; and to adopt a state constitutional amendment that would explicitly establish the right to reproductive freedom.

Linh then spoke about Health Impact Reviews (HIRs). She said the Council coordinates with the State Board of Health to conduct HIRs at the request of the Governor and the legislature. So far this fiscal year, the HIR team has received 7 HIR requests. In addition to completing HIR requests, the HIR team has conducted outreach meetings with

several legislators. Council Member Williamson asked why a review might be requested and whether policymakers had certain questions they wanted analysts to look at when making a request. Linh said she would look into these questions and follow up after the meeting with a response.

Members then discussed some bills that could directly impact Council responsibilities or past recommendation areas.

## **6. COMMENTS, FEEDBACK, REFLECTIONS**

Vice Chair Rodriguez reflected on how this is an opportunity for us to change our thinking about certain topics. He spoke about the foundational truths we are using in the Council redesign process. He asked Council members to bring these truths back to their agencies and engage people in dialogue. He also shared that we should find successes throughout the process, not just in what the legislature will accept. He expressed gratitude to the language interpreters and to Council staff for their labor in this meeting. He thanked community members for their participation throughout the day.

## **ADJOURNMENT**

Victor Rodriguez, Council Vice Chair, adjourned the meeting at 1:59 p.m.

## **GOVERNOR'S INTERAGENCY COUNCIL ON HEALTH DISPARITIES**

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Benjamin Danielson, Chair

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