

Governor’s Interagency Council on Health Disparities Statute Redesign

May 5, 2023 Draft

1. Health Equity and Justice Council—Findings—Intent— Purpose.

The legislature finds that health and wellbeing are interconnected between people, animals, and land. Health and wellbeing are different for each person and each community. Health and wellbeing include mental, physical, occupational, social, emotional, spiritual, intellectual, environmental, and financial wellness. Supporting and sustaining health and wellbeing require holistic approaches that uplift the whole child, whole family, and whole community.

The legislature finds that good health and wellbeing require individuals and communities to have access to power, opportunities, resources, knowledge, and services according to their unique needs. The legislature finds that improving and sustaining health and wellbeing for all individuals, communities, and environments in Washington State requires state government to undo all forms of racism and bias and heal wounds caused by colonization and other acts of violence and oppression.

The legislature finds that Black, Indigenous, and People of Color communities, women, transgender individuals, non-binary individuals, people experiencing poverty, rural communities, people with disabilities, youth, and LGBTQ+ communities experience poor health outcomes that are unfair, unjust, and avoidable. Eliminating health disparities requires addressing inequities in our systems, structure, and culture.

The legislature finds that centuries of colonial and imperial practices aimed at destruction of communities and cultures have resulted in historical trauma¹ and intergenerational trauma that continue to negatively impact health and wellbeing in Washington State. Southeast Asian communities, and refugees in particular who have survived the trauma of war, genocide, and displacement, continue to suffer physical and mental health challenges. Throughout history, state policies have systematically excluded people of color and other communities from the power, opportunities, and resources we all need to thrive. Structural racism, in its many current forms across all sectors, have roots in historic harms to Black and Indigenous peoples through slavery and genocide.

¹ [RCW 43.71B.010](#) (10): "Historical trauma" means situations where a community experienced traumatic events, the events generated high levels of collective distress, and the events were perpetuated by outsiders with a destructive or genocidal intent.

1
2 The legislature finds that racism harms us all by causing dire impacts on public, community, and
3 individual health. The American Public Health Association recognizes racism as a driving force
4 of the social determinants of health and as a barrier to health equity. Studies show that racism,
5 income, and neighborhood location have a bigger impact on health than personal behavior,
6 medical care, or genetic code.

7
8 The legislature finds that racism is a public health crisis and that the COVID-19 pandemic and
9 response has worsened health inequities. Pacific Islander and Compact of Free Association
10 Islander community members have experienced significantly higher rates of contraction,
11 hospitalization, and death from COVID-19. Access to unemployment benefits for individuals with
12 limited English proficiency has been sparse.

13
14 The legislature finds that recovery efforts should focus on building resilience across the state,
15 especially in communities most affected by racism and inequities. Climate change threatens the
16 health and livelihoods of all beings. It negatively affects specific groups more than others and
17 often makes existing social and health inequities worse. Advancing health equity will benefit
18 everyone and will make Washington state more resilient to respond to public health threats,
19 such as racism and climate change.

20
21 The legislature finds that every Washingtonian has the right to achieve optimal health and
22 wellbeing. Health equity only exists when we all have the opportunity to reach our full health
23 potential. Working toward health equity requires state government to be led by the inherent
24 power of community, fully serve individuals who experience intersecting forms of oppression,
25 and support communities in building sustainability and connection.

26
27 **It is the intent of the Washington state legislature to advance health and wellbeing, health**
28 **equity, and social justice through creating social, economic, and environmental**
29 **conditions where all individuals and communities are free from racism and other forms**
30 **of oppression and have full access to the social determinants of health, so we can be the**
31 **healthiest version of ourselves and reach our full potential.**

32
33 **In meeting the intent of this chapter, the Health Equity and Justice Council shall partner**
34 **with the legislature, the Office of the Governor, state government, and community to**
35 **create a statewide vision for health and wellbeing as well as policy recommendations**
36 **that promote health equity.**

2. Council – Membership.

(1) In collaboration with staff whom the office of financial management may assign, and within funds made expressly available to the State Board of Health for these purposes, the State Board of Health shall convene and provide assistance to the Council.

(2) The Council **consists of 27 voting members**, which shall include one representative from each of the following groups:

(a) Each of the statutory commissions pursuant to [RCW 43.06D.900](#) [Commission on African American Affairs (CAAA); Commission on Asian Pacific American Affairs (CAPAA); Commission on Hispanic Affairs (CHA); Governor's Office of Indian Affairs (GOIA); **LGBTQ Commission; Women's Commission; Human Rights Commission**];

(b) the State Board of Health;

(c) the Department of Health;

(d) the Department of Social and Health Services;

(e) the Department of Commerce;

(f) the Health Care Authority;

(g) the Department of Agriculture;

(h) the Department of Ecology;

(i) the Office of the Superintendent of Public Instruction;

(j) the Department of Children, Youth, and Families;

(k) the Workforce Training and Education Coordinating Board;

(l) the Department of Transportation;

(m) the Department of Labor and Industries;

(n) the Department of Corrections;

(o) the Attorney General's Office; and

(p) **six members of the public, including one youth representative**, who have direct lived experience with health inequities and will represent the interests of communities that have been systematically excluded from the power, opportunities, and resources needed to attain health and wellbeing.

1 (3) Nongovernmental members of the Council shall be appointed by the Governor with guidance
2 from the Office of Equity.

3
4 (4) Council members must be persons who are committed to and well-informed regarding the
5 principles of health equity and who, to the greatest extent practicable, represent diversity in
6 race, ethnicity, age, disability status, sexual orientation, gender, urban and rural areas, and
7 different regions of the state. The youth representative must be between the ages of 18 and 25
8 at the time of appointment. The members of the council shall elect two members, from among
9 the council members representing the statutory commissions or the community, to serve as co-
10 chairs.

11
12 (10) When representing the Council, Council members shall communicate policy
13 recommendations and positions on behalf of the Council instead of their respective agency or
14 organization.

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16 (5) The council is a class one group under RCW [43.03.220](#). Nongovernmental members of the
17 Council must be compensated and reimbursed in accordance with RCW [43.03.050](#), [43.03.060](#),
18 and [43.03.220](#).

1 **3. Council – Authority – Duties – Reports.**

2 (1) The Council shall create a statewide vision for health and wellbeing as well as policy
3 recommendations to move Washington toward achieving the vision.

4
5 (a) The statewide vision for health and wellbeing and policy recommendations shall
6 provide a framework and actions to the legislature, the Governor, state government, and
7 community to advance health equity in Washington state.

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9 (b) The statewide vision for health and wellbeing shall guide agencies as they continue
10 to fulfill requirements pursuant to RCW 70A.02 [Environmental Justice] and RCW
11 43.06D [Office of Equity].

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13 (2) The Council shall create strategies and recommendations for promoting health equity and
14 wellbeing, which must address the structural and social determinants of health. The Council
15 shall submit reports to the governor and legislature every two years, beginning in [YEAR].

16
17 (3) In the development of the vision and policy recommendations, the Council shall engage
18 community and may use participatory methods that promote democratic engagement, so that
19 communities who are disproportionately impacted by inequities have meaningful opportunity
20 and power to shape narratives, priorities, and policy recommendations.

21
22 (4) The Council shall promote and facilitate communication, coordination, and collaboration
23 among relevant state agencies, “for and by organizations.” communities of color, and the private
24 and public sectors to support health equity, wellbeing, truth and reconciliation, and healing. “For
25 and by organizations” means organizations that have been established for the people and by
26 the people most impacted by an issue, such as racism and health inequities.

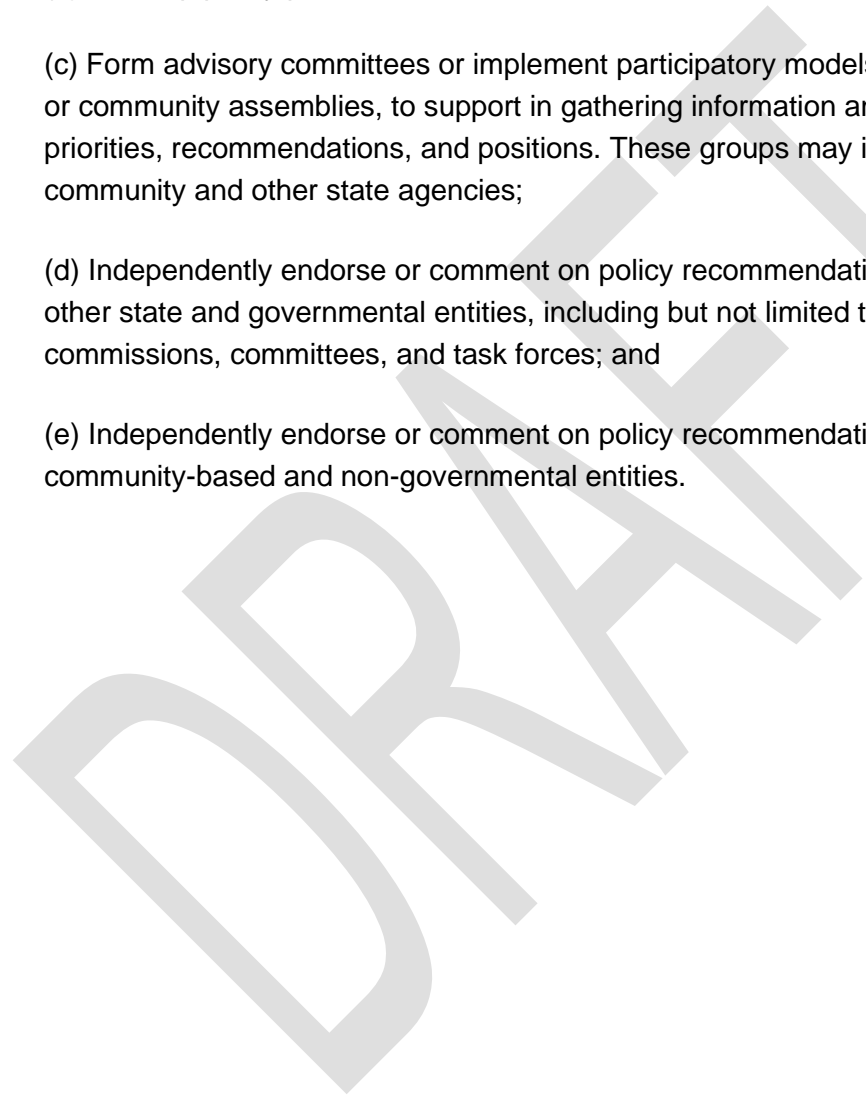
27
28 (5) The Council shall conduct public hearings, research, inquiries, studies, or other forms of
29 information gathering to understand how the actions of state government ameliorate or
30 contribute to health inequities.

31
32 (6) The Council with assistance from the State Board of Health, shall assess through public
33 hearings, review of existing data, or other means, and recommend initiatives for improving the
34 availability of culturally and linguistically appropriate information and services within public and
35 private health-related agencies.

36 (7) The Council shall collaborate with the Environmental Justice Council, the State Office of
37 Equity, and other state agencies, boards, and commissions to ensure state government efforts
38 are coordinated, mutually reinforcing, and rooted in anti-racism, access, belonging, and justice
39 and that these efforts benefit all of us.

- 1 (8) All state agencies must cooperate with the Council's efforts.
- 2 (9) The Council may:
- 3 (a) Use topics and findings from Health Impact Reviews [authorized by **RCW [43.20.285](#)**
4 to inform priorities, strategies, and recommendations;
- 5 (b) Develop policy positions;
- 6 (c) Form advisory committees or implement participatory models, such as collaboratives
7 or community assemblies, to support in gathering information and developing policy
8 priorities, recommendations, and positions. These groups may include members of
9 community and other state agencies;
- 10 (d) Independently endorse or comment on policy recommendations and positions of
11 other state and governmental entities, including but not limited to agencies, boards,
12 commissions, committees, and task forces; and
- 13 (e) Independently endorse or comment on policy recommendations and positions of
14 community-based and non-governmental entities.

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Summary of Proposed Statute Changes

May 5, 2023 Draft

The table below outlines the Health Disparities Council’s current authority and responsibilities by statute area (intent, purpose, etc.). The table also compares the Council’s current statute with draft recommended updates. Notable changes are underlined.

Area of Statute	Current Statute (RCW <u>43.20.270 – 43.20.285</u>)	Draft Statute Recommendations (revised 5/5/23)
<p>1. INTENT What the state hopes to achieve.</p>	<p>“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>	<p><u>“It is the intent of the Washington state legislature to advance health and wellbeing, health equity, and social justice through creating social, economic, and environmental conditions where all individuals and communities are free from racism and other forms of oppression and have full access to the social determinants of health, so we can be the healthiest version of ourselves and reach our full potential.”</u></p> <p><u>Statute language is more gender inclusive and intentionally anti-racist.</u></p>
<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"> • 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. • Promote and facilitate communication, coordination, and collaboration among relevant state agencies and communities of color, and the private sector and public sector <p>Focus topics</p> <ul style="list-style-type: none"> • Health disparities by race/ethnicity and gender • Social determinants of health • How government actions ameliorate or worsen health disparities • Culturally appropriate health literature and interpretative services in public and private health-related agencies • 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. 	<p>Purpose</p> <ul style="list-style-type: none"> • Create a <u>statewide vision for health and wellbeing</u>, which shall: <ul style="list-style-type: none"> ○ <u>Provide a framework for action</u> ○ <u>Guide agencies as they implement requirements set by the Office of Equity and the HEAL Act</u> • Create policy recommendations that: <ul style="list-style-type: none"> ○ Move WA toward the statewide vision ○ <u>Promote health equity and wellbeing</u> ○ Address the social determinants of health • Promote and facilitate communication, coordination, and collaboration among relevant state agencies, <u>“for and by organizations,”</u> communities of color, and the private and public sectors • <u>Collaborate with partners to ensure that government efforts are coordinated, mutually reinforcing, and rooted in anti-racism, access, belonging, and justice and that these efforts benefit all of us</u> <p>Focus topics</p> <ul style="list-style-type: none"> • <u>Health inequities and health equity</u> • <u>Racism and intersecting systems of oppression</u> • <u>Multiple dimensions of health: mental, emotional, physical, economic, etc.</u> • <u>How health looks different for each individual and community</u> • Social determinants of health: social, economic, and environmental conditions for health equity • <u>Truth, reconciliation, and healing wounds caused by historical and intergenerational trauma</u> • How government actions ameliorate or worsen health inequities • Culturally appropriate health literature and interpretative services in public and private health-related agencies • <u>Removed: List of specific diseases and health conditions</u>

Area of Statute	Current Statute (RCW 43.20.270 – 43.20.285)	Draft Statute Recommendations (revised 5/5/23)
<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 and cross-sector coordination • Develop policy recommendations for agencies, legislature, and Governor • Gather information to understand how state government actions impact health disparities • 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"> • 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</p> <ul style="list-style-type: none"> • Interagency membership and coordination • Measure social determinants of health and disparities • Submit action plan and updates to the Governor and legislature 	<p>How we operate & channels we use</p> <ul style="list-style-type: none"> • Interagency and cross-sector coordination • Develop policy recommendations for agencies, legislature, and Governor • Gather information to understand how state government actions impact health inequities • Form advisory groups <u>or implement participatory models, such as collaboratives or community assemblies</u> • Research and information gathering (public hearings, inquiries, studies, literature reviews, review of existing data, etc.) • <u>Use topics and findings from Health Impact Reviews to inform recommendations</u> • <u>Develop positions on policy</u> • <u>Independently endorse or comment on other group's policy recommendations</u> <p>Key partners</p> <ul style="list-style-type: none"> • All state agencies must cooperate with the Council • Collaborate with <u>Office of Equity, Environmental Justice Council</u>, and others <p>Accountability</p> <ul style="list-style-type: none"> • Interagency membership and coordination • <u>Engage community and implement participatory methods</u> • <u>Collaborate with Office of Equity, Environmental Justice Council, and other state entities to align efforts</u> • <u>Statewide vision for health and wellbeing shall guide agencies as they implement PEAR and HEAL</u> • <u>Removed: measure social determinants of health and disparities</u>
<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 ○ 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 • Progress updates to the Governor and legislature (every four years in odd-number years) • Collaborate with the State Board of Health on Health Impact Reviews (HIR) 	<p>Deliverables</p> <ul style="list-style-type: none"> • <u>Report every 2 years, beginning in (YEAR?)</u> <ul style="list-style-type: none"> ○ <u>Statewide vision for health and wellbeing</u> ○ Policy recommendations ○ <u>Removed: measure social determinants of health and disparities; address priorities on an incremental basis</u> • <u>Removed: progress updates submitted every four years in odd-numbered years</u> • Collaborate with the State Board of Health on Health Impact Reviews (HIR)

Area of Statute	Current Statute (RCW 43.20.270 – 43.20.285)	Draft Statute Recommendations (revised 5/5/23)
<p>5. STRUCTURE Group classification; membership; subcommittees; etc.</p>	<p>Name: Governor’s Interagency Coordinating Council on Health Disparities</p> <p>Membership</p> <ul style="list-style-type: none"> • Diversity in race, ethnicity, and gender • Class 1 group (advisory) • 17 members <ul style="list-style-type: none"> ○ 14 state agencies, including 3 ethnic commissions and the Gov’s Office of Indian Affairs (GOIA) ○ 2 members of the public representing interests of health care consumers ○ 1 chair appointed by the Governor <p>Structure</p> <ul style="list-style-type: none"> • Must advisory committees to assist in plan development. Must include members of other state agencies and local communities, and reflect diversity in race, ethnicity, and gender. 	<p>Name: <i>Health Equity and Justice Council</i></p> <p>Membership:</p> <ul style="list-style-type: none"> • Diversity in race, ethnicity, <i>age, disability status, sexual orientation</i>, gender, <i>urban and rural areas, and different regions of the state</i> • <i>Committed to and well-informed regarding the principles of health equity</i> • Class 1 group (advisory) • <i>27 members</i> <ul style="list-style-type: none"> ○ <i>21 state agencies</i>, including <i>6 commissions</i> and the Gov’s Office of Indian Affairs (GOIA) ○ <i>6 members of the public, including 1 youth representative, who have direct lived experience with health inequities and will represent the interests of communities</i> ○ <i>Members of the council elect</i> two members, from among the council members representing the statutory commissions or the community, to serve as <i>co-chairs</i> • <i>When representing the Council, Council members shall communicate policy recommendations and positions on behalf of the Council instead of their respective agency or organization</i> <p>Structure</p> <ul style="list-style-type: none"> • <i>May</i> establish advisory committees • <i>Must engage community and may use participatory methods that promote democratic engagement</i> • <i>Provide disproportionately impacted communities opportunity and power to shape narratives, priorities, and policy recommendations</i>
<p>6 & 7. STAFFING & FUNDING Staffing and funding to achieve our purpose and sustain efforts.</p>	<p>Staffing</p> <ul style="list-style-type: none"> • Staffing and support from the State Board of Health • 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). 	<p>Staffing</p> <ul style="list-style-type: none"> • Staffing and support from the State Board of Health • Additional details to be determined... <p>Funding</p> <ul style="list-style-type: none"> • To be determined...