



**Date:** August 23, 2023

**To:** Members of the Governor's Interagency Council on Health Disparities

**From:** Victor Rodriguez, Council Vice Chair

**Subject:** Moving Forward with the Council Redesign Proposal

## **Background**

The state Legislature created the Governor's Interagency Council on Health Disparities (Council) through [Second Substitute Senate Bill 6197](#) (2SSB 6197) in 2006 following the recommendation by the [Joint Select Committee on Health Disparities](#). Senator Rosa Franklin, the first African American woman elected to the Washington State Senate, was the prime sponsor of the bill. The bill was intended to "create the healthiest state in the nation by striving to eliminate health disparities in people of color and between men and women."

Among additional responsibilities, 2SSB 6197 (Chapter 239, Laws of 2006) directed the Council to:

- Create an action plan for eliminating health disparities;
- Prioritize certain diseases, conditions, and health indicators according to the prevalence and severity of the health disparity;
- Take an incremental approach to addressing these priorities by selecting no more than five diseases, conditions, and health indicators to include in each action plan update;
- 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;
- Conduct public hearings, inquiries, studies, or other forms of information gathering to understand how the actions of state government lessen or contribute to health disparities; and
- Assess and recommend initiatives for improving the availability of culturally appropriate health literature and interpretative services within public and private health-related agencies.

The Council's authority, structure, and membership were incorporated in statute, mainly in Revised Code of Washington (RCW) [43.20.270](#), [RCW 43.20.275](#), and [RCW 43.20.280](#). The Council is a Class 1 workgroup, which is primarily advisory in nature.

Formal membership is defined in statute and consists of 14 state agencies, boards, and commissions; 2 members of the public representing the interests of health care consumers; and a Council Chair who is the Governor or the Governor's designee. Council membership must be diverse in race, ethnicity, and gender.

The State Board of Health was directed in statute to convene and provide assistance to the Council. The Board was originally allocated \$173,000 annually to support the Council. After indirect costs are subtracted and a 10% reduction for administrative cuts occurred in the 2012 budget, the budget for Council support was \$137,000 for Fiscal Year 2016. This amount has been maintained over the years, and the State Board of Health has provided additional in-kind support to the Council in the forms of staff time and effort and coverage of public meeting expenses, language interpretation and translation, staff and member travel expenses, and more.

Over the years, the Council has worked in partnership with state, public, private, and community organizations to identify priorities, convene advisory committees, and create policy recommendations. The Council released the first State Action Plan in 2010 and has published periodic updates since. The Council recognized that the list of conditions and indicators included in its statute did not include many of the social determinants of health, so in its early years it sought community input about what else should be considered. Among additional topics, the Council has created recommendations on: education; health insurance coverage; healthcare workforce; behavioral health; reproductive health access; poverty; data, culturally and linguistically appropriate services; environmental justice; equity in state government; and community engagement.

The Council has heard from its advisory committees and members of the public, particularly communities most impacted by inequities, that the state needs to address the structural and institutional inequities in our state system as a key strategy to eliminating health inequities. While state government has an important role to play, it cannot reverse all of our state's persisting inequities on its own. Organizations in the non-profit, philanthropic, business, and local government sectors are also working to promote health equity, optimal health, and wellness and there are opportunities to partner and align efforts.

In 2018, the Council adopted the following operating principles:

- Embrace equity;
- Focus on racism;
- Prioritize social determinants of health;
- Center community;
- Commit to bold action; and
- Be vigilant for unintended consequences.

In 2019, the Council adopted the following vision statement:

Guided by our North Star that is Equity, we honor the broad differences and bonding similarities that make up this state.

The power entrusted to us by the people inspires us to be channels for change. We shift power by sharing priorities, being transparent and reflective and disrupting oppressive practices so everyone has the opportunity to thrive.

We intentionally act to heal wounds and cultivate trust; instilling equity into every level of government and beyond, assuring true democracy's light shines on all communities.

Several years ago, the Council began discussing the need to redesign its statute to incorporate many years of work and learning and to create opportunity for greater collective impact. In September 2021, the Council voted to form an advisory committee to make recommendations to update its statutory authority. Since November 2022, the Council has been holding a series of public redesign workshops to focus on this effort.

Throughout the redesign project, the Council has centered its vision and operating principles, and Council staff has connected with key government and community partners to consider how the Council can lead or support unified goals. In May 2023, the Council drafted proposed revisions to its statute (RCW 43.20.270- 43.20.280) and shared the draft widely for feedback.

Council staff, with support from staff of the State Board of Health, organized 16 meetings during July and August 2023 (the "roadtrip") to learn from organizations working in community to eliminate health disparities and promote health equity. Staff and participating Council members heard about community partners' visions and priorities and shared information about the Council's efforts, including the redesign project. Partners offered recommendations on how the Council could align with and support their visions and priorities, as well as better engage with community partners and the communities they serve.

Lastly, the Council set a goal of working toward a legislative proposal for the 2024 Legislative Session. This proposal would be in the form of agency request legislation (for statutory change) and an accompanying decision package (budgetary request), which are due to the Office of Financial Management (OFM) and the Governor's Office by September 13, 2023. However, the Council's next public meeting is on September 14, a day after agency proposals are due.

## **Summary**

At today's meeting, Council members will hear about learnings gathered during the Summer 2023 community roadtrip. Members will also review and discuss updated draft statute, with the opportunity to suggest and workshop additional proposed revisions. Members will also consider the fiscal resources needed to support future Council efforts.

## **Recommended Council Action**

After discussion, the Council may choose to consider, amend if necessary, and adopt the following motion:

**Proposed Motion:** The Council supports the proposed statutory updates, as reflected in the August 16, 2023 draft (with revisions incorporated today). Council members commit to sharing the proposed updates with their agency or organization for final feedback, so members can consider voting on a final legislative proposal at the Council's September 14, 2023 public meeting. In the meantime, the Council directs staff to work with the Council Chair and Redesign Leads to submit placeholder agency request legislation and a decision package to OFM and the Governor's Office by the state enterprise deadline (i.e., September 13, 2023). The Council encourages staff to consult the Council's Assistant Attorney General (AAG) and authorizes staff to make needed revisions to proposed statute based on the AAG's advice.

To request this document in an alternate format or a different language, please contact us at 360-236-4110 or by email at [healthequity@sboh.wa.gov](mailto:healthequity@sboh.wa.gov). TTY users can dial 711.

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