

Governor's Interagency Council on Health Disparities Statute Redesign

August 16, 2023 draft

If viewing the document with track changes on, please note track changes reflect updates made since the May 2023 draft document. The changes do not compare proposed language with the Council's current statute.

1. Health Equity and Justice Council—Findings—Intent—Purpose. [RCW 43.20.270]

The legislature finds that every Washingtonian has the right to achieve optimal health and wellbeing. Health and wellbeing are interconnected between all people, which is inextricably linked to the health of all beings and the natural environment. Health and wellbeing may look different for each person and each community. Health and wellbeing can 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 person, whole family, and whole community across the lifespan

The legislature finds that throughout history, state and national policies have systematically excluded people of color and additional marginalized communities from the power, opportunities, and resources we all need for optimal health and wellbeing. Black, Indigenous, and People of Color communities, women, transgender people, non-binary people, people experiencing poverty, rural communities, refugees and immigrants, people with disabilities, youth, LGBTQ+ communities, and additional marginalized Washingtonians experience poor health outcomes that are unfair, unjust, and avoidable. Eliminating unjust health disparities requires addressing inequities in our systems, structures, and culture.

The legislature finds that structural racism, in its many current forms across all sectors, has roots in historic harms to Black and Indigenous peoples through slavery and genocide. Our state and country have a painful history of harmful policies impacting Tribes, communities of color, and immigrants, including colonization of Tribal lands and the Hawaiian and Pacific Islands, nuclear testing and decimation in the Compact of Free Association Islands, Chinese exclusion, Japanese American incarceration, redlining, segregation, and laws banning interracial marriage. Centuries of colonial and imperial practices aimed at destruction of communities and cultures have resulted in historical trauma¹ and intergenerational trauma that

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.

Commented [LH1]: There was a lot of reorganization, combination, and streamlining of content in this section. Reviewers: please make sure all core concepts and terms important to you are still there.

Commented [LH(2)]: One of the challenges of the current Council statute enduring? This list is incomplete and ever changing. Can we achieve the same purpose without listing out groups and using more encompassing, general wording?

Commented [HL(3R2)]: Will this list help make the Council's statute enduring? This list is incomplete and ever changing. Can we achieve the same purpose without listing out groups and using more encompassing, general wording?

Commented [LH4R2]: Community partner comment: "However, focusing on those who are most burdened should improve things for everyone, or do we not want to state that as a hypothesis and then test it?"

Commented [LH5]: Feedback from community partner: This part on "structural racism...has roots in historic harms to Black and Indigenous peoples through slavery and genocide" should come early in the document, so staff moved it up to this paragraph.

Commented [LH8R6]: Deleted (did not move elsewhere): "Events such as the COVID-19 pandemic and response have worsened health inequities for communities most harmed by racism and inequity. Black, American Indian, Alaska Native, Latino/a/x, and Native Hawaiian and Pacific Islander community members have experienced significantly higher rates of contraction, hospitalization, and death from COVID-19 than their white counterparts. Additionally, access to unemployment benefits for individuals with limited English proficiency has been sparse."

Commented [LH9R6]: Community partner comment: "Are white people our counterparts when risks for conditions are not equitably shared and structural racism ensures inequity?"

1 continue to negatively impact the physical and mental health and wellbeing of people who live in
2 Washington.

3
4 The legislature finds that racism is a public health crisis that causes dire impacts on the health
5 of individuals, communities, and all of Washington. The American Public Health Association
6 recognizes racism as a driving force that influences the social determinants of health and is a
7 barrier to health equity. Studies show that racism, income, and neighborhood location have a
8 bigger impact on health than medical care or genetic code.

9
10 The legislature finds that state government efforts should focus on promoting the health and
11 wellbeing of all beings. This requires coordinated and sustained efforts to undo all forms of
12 racism and bias, prevent further harm, build connection and resilience across the state, and
13 support communities in healing from historical and intergenerational trauma, especially among
14 communities most affected by racism and inequities.

15
16 The legislature further finds that advancing health equity will benefit everyone and will make
17 Washington state more resilient to respond to current and future public health threats, such as
18 racism and climate change. Working toward health equity requires state government to be led
19 by the inherent power of community and fully serve people who experience intersecting forms of
20 oppression. Health equity only exists when we all have the opportunity to reach our full
21 potential.

22
23 **Therefore, it is the intent of the Washington state legislature to promote health and**
24 **wellbeing for all in Washington by advancing health equity and creating socially,**
25 **economically, and environmentally just conditions where all individuals and**
26 **communities are free from racism and other forms of oppression and have full access to**
27 **the social determinants of health, so we can be the healthiest versions of ourselves and**
28 **reach our full potential.**

29
30 **In meeting the intent of this chapter, the Governor's Health Equity and Justice Council**
31 **shall partner with the legislature, the Office of the Governor, state government, and**
32 **communities to create a statewide vision for health and wellbeing as well as policy**
33 **recommendations that promote health equity and justice.**

34 **2. Council – Membership. [RCW 43.20.275]**

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36
37 (1) In collaboration with staff whom the office of financial management may assign, and within
38 funds made expressly available to the State Board of Health for these purposes, the State
39 Board of Health shall convene and provide assistance to the Council.

Commented [LH10]: Deleted (did not move elsewhere): "Climate change threatens the health and livelihoods of all beings. It negatively affects specific groups more than others and often makes existing social and health inequities worse."

Commented [LH11]: Updated: "advance health and wellbeing, health equity, and social justice..." updated to --> "creating socially, economically, and environmentally just conditions."

Commented [LH12]: Retained "Governor's" in Council's name. Makes authority and relationship in government clearer. Governor would retain authority to appoint non-governmental members. Reinforces relationship with the Governor's Office.

Commented [LH13R12]: What do folks think about this name and the potential conflation with Office of Equity and Environmental Justice Council, etc.?

(2) The Council consists of 22 core members, which shall include the following representatives:

(a) one from 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) one from the State Board of Health;

(c) one from the Department of Health;

(d) one from the Department of Social and Health Services;

(e) one from the Department of Commerce;

(f) one from the Health Care Authority;

(g) one from the Department of Agriculture;

(h) one from the Department of Ecology;

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

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

(k) one from the Workforce Training and Education Coordinating Board; and

(l) seven members of the public, including at least two youth representatives, who have direct lived experience with health inequities and will bring the voices of communities that have been systematically excluded from the power, opportunities, and resources needed to attain health and wellbeing.

(3) Whenever the workload or policy priority of the Council requires, the Council may assess its core membership and recommend additional members to the Governor. Based on the Council's recommendation, the Governor may appoint pro tempore members of the Council. When serving, pro tempore members of the Council have all the powers and duties and are entitled to the same compensation and reimbursement of regular core members of the Council.

(4) The Council shall establish its decision making and voting procedures within Council bylaws.

Commented [HL(14): Additions to membership include: LGBTQ Commission, Women's Commission, Human Rights Commission, and additional community members. Currently, for community members, the Council has a Chair designated by the Governor ("The governor or the governor's designee shall chair the council"), as well as 2 "consumer representative" positions.

Commented [HL(16): Current membership is 17.

Commented [LH17]: Removed "voting" and replace with "core" members. This leaves the decision making and voting process open, so the Council can establish a process in its bylaws.

Commented [HL(18): Haven't had an opportunity to connect with the Women's Commission and Human Rights Commission. Removing from draft statute for now.

Commented [LH19]: Deleted the additional agencies previously included in draft statute (Transportation, Labor and Industries, Corrections, Revenue, Employment Security Department, Attorney General's Office, Office of Equity). Staff have not had capacity to engage these additional agencies, so don't know their stance. We've heard that putting the EJ Council or Office of Equity on this Council can concentrate burden on one person, so it may be better to collaborate with those groups in a different way.

Immediately below: "(3) The Council may periodically assess its core membership and recommend changes, including additional members, to the Governor. The Governor may approve membership recommendations from the Council."

In the section below on Authority and Duties: "(7) The Council shall collaborate with the Environmental Justice Council, the State Poverty Reduction Work Group, the State Office of Equity, and other state agencies, boards, committees, and commissions to ensure state government efforts are coordinated, mutually reinforcing, and rooted in anti-racism, access, belonging, and justice and that these efforts benefit all Washingtonians."

Commented [LH20): Agencies to consider based on future priorities/projects: Corrections; Labor and Industries; Transportation; higher ed (State Board for Community and Technical Colleges and/or Washington State Achievement Council); Attorney General's Office; Employment Security Department; Revenue; Office of Equity; Office of the Insurance Commissioner.

Commented [LH21): This subsection was added. Borrowed concept from the Medical Commission: "Whenever the workload of the commission requires, the commission may request that the secretary appoint pro tempore members of the commission. When serving, pro tempore members of the commission have all of the powers, duties, and immunities, and are entitled to all of the emoluments, including travel ... [1]

1 (5) Council members must be persons who are committed to and well informed regarding
2 principles of health equity and who, to the greatest extent practicable, reflect diversity in race,
3 ethnicity, age, disability status, sexual orientation, gender, urban and rural areas, and regions of
4 the state.

5
6 (a) To promote agency commitment and coordination, each state agency on the Council
7 may nominate a staff person who has authority or significant influence on an agency's
8 operations.

9
10 (b) Nongovernmental members of the Council shall be appointed by the Governor with
11 guidance from the Office of Equity.

12
13 (c) The youth representatives must be 25 years or younger at the time of appointment.

14
15 (d) The core members of the council shall choose at least two members, from among
16 the council members representing the statutory commissions or the community, to
17 serve as co-chairs.

18
19 (6) When representing the Council, Council members may communicate policy
20 recommendations and positions on behalf of the Council instead of their respective agency or
21 organization.

22
23 (7) The council is a class one group under RCW [43.03.220](#). Nongovernmental members of the
24 Council must be compensated and reimbursed in accordance with RCW [43.03.050](#), [43.03.060](#),
25 and [43.03.220](#).

26 27 28 **3. Council – Authority – Duties – Reports. [RCW 43.20.280]**

29
30 (1) The Council shall work with governmental and nongovernmental partners to create a
31 statewide vision and universal goals for health and wellbeing as well as policy recommendations
32 to move Washington toward achieving its vision and goals.

33
34 (a) The vision, goals, and policy recommendations shall provide an actionable
35 framework to support the legislature, the Governor, state government agencies, and
36 communities in advancing health equity in Washington state.

37
38 (b) The vision, goals, and policy recommendations shall guide state agencies as they
39 continue to fulfill requirements pursuant to RCW 70A.02 [Environmental Justice] and
40 RCW 43.06D [Office of Equity].

Commented [LH22]: Using "may" to be permissive, but not make this a requirement. Heard from some folks that making sure the person has close influence on operations would be more effective. Also heard from folks that each agency's setup and staffing circumstances are very different and there needs to be flexibility, otherwise the Council could have a member who is close to operations but does not have much knowledge about health equity or health programs.

Commented [LH23]: Community comment: "What if this is someone who is known to be harmful?"

Commented [24]: Election procedure, vote count, term limits, and exact Chair roles and powers could be specified in council bylaws instead of statute.

Commented [25]: Class one groups are primarily advisory in nature. Community members with lived experience or limited income of a class one group can be eligible to receive compensation/stipends pursuant to RCW 43.03.220.
<https://app.leg.wa.gov/rcw/default.aspx?cite=43.03.220>

1
2 (c) The Council's recommendations shall work toward resolving the negative structural
3 and social determinants of health and promoting the positive determinants.

Commented [HL26]: Added sub-points C and D. Received community suggestion of "working to resolve the negative structural and social determinants of health."

4
5 (d) The vision, goals, and recommendations shall incorporate the diversity of
6 communities across the state.

7
8 (e) In the development of the vision, goals, and policy recommendations, the Council
9 shall engage communities and may use participatory methods that promote community-
10 led planning and design, so that communities who are disproportionately impacted by
11 inequities have meaningful opportunity and power to shape narratives, priorities, and
12 policy recommendations.

Commented [LH27]: "democratic engagement" updated to --> "community-led planning and design"

13
14 (2) The Council shall promote and facilitate communication, information sharing, coordination,
15 and collaboration among relevant state agencies, "for and by organizations," communities of
16 color and additional marginalized communities, and the private and public sectors to support
17 health equity, wellbeing, truth and reconciliation, and healing. "For and by organizations" means
18 organizations that have been established for the people and by the people most impacted by an
19 issue, such as racism and health inequities.

Commented [LH28]: Added "information sharing" based on community partner feedback for Council operations.

Commented [29]: Definition borrowed from Office of Equity workgroup compensation guidelines: <https://equity.wa.gov/people/community-compensation-guidelines/compensation-best-practices>

20
21 (3) The Council, with assistance from state agencies and other partners, shall conduct public
22 hearings, research, inquiries, studies, or other forms of information gathering to:

Commented [LH30]: Current statute states "with assistance from the state board." Updated --> "with assistance from state agencies and other partners"

23
24 (a) Understand how the actions of state government ameliorate or contribute to health
25 inequities.

26
27 (b) Recommend initiatives for improving the availability of culturally and linguistically
28 appropriate information and services within public and private health-related agencies.

29
30 (4) The Council shall collaborate with the Environmental Justice Council, the State Poverty
31 Reduction Working Group, the State Office of Equity, and other state agencies, boards,
32 committees, and commissions to ensure state government efforts are coordinated, mutually
33 reinforcing, and rooted in anti-racism, access, belonging, and justice and that these efforts
34 benefit all Washingtonians.

Commented [LH31]: Received feedback to specifically include the State Poverty Reduction Working Group since their work is so aligned with the Council's.

35
36 (5) The Council shall submit an initial report to the Governor and legislature by 2028 with the
37 statewide vision and universal goals for health and wellbeing. Beginning in 2030 and every two
38 years thereafter, the Council shall submit an update to the Governor and legislature with policy
39 recommendations, the status of policy adoption and implementation among relevant state
40 agencies, the Governor, and the legislature, as well as any revisions to the statewide vision and
41 universal goals for health and wellbeing.

Commented [LH32]: Would like feedback: If statutory updates are adopted in 2024, is 4 years enough time for the Council to hire and onboard new staff, update bylaws, create a community engagement strategy, form community participatory structures, fortify relationships across sectors and build new ones, and work together with all partners to form the vision and universal goals?

