Final Minutes of the Governor's Interagency Council on Health Disparities
May 10, 2023
Virtual ZOOM Platform

Council members present:

Courtney Cecale (Alternate)
Benjamin Danielson
Michelle Davis (Alternate)
Lydia Faitalia
Renee Fullerton
DoQuyen Huynh
Nicole Johnson
Diane Klontz
Stephen Kutz
Millie Piazza
María Sigüenza
Leah Wainman
Greg Williamson
Jessica Zinda

Council members absent:

Victor Rodriguez
Willie Frank
Sara Franklin-Phillips
Naisha Williams
Kelly McLain (Alternate)
Lena Nachand (Alternate)
Elizabeth Perez (Alternate)
JanMarie Ward (Alternate)

Staff present:

Anna Burns, Communications Specialist
Miranda Calmjoy, Policy Analyst
Grace Cohen, Council Fellow
Lindsay Herendeen, Policy Analyst
Melanie Hisaw, Executive Assistant
Jo-Ann Huynh, Administrative Assistant
LinhPhụng Huỳnh, Council Manager
Cait Lang-Perez, Policy Analyst

Some additional participants:

Liz Baxter, Public Participant
Denise Frakes, Public Participant
Omar Santana-Gomez, Office of Equity
Angela Vera Webster, Office of Equity
Maketa Wilborn, Graphic Facilitator

During the virtual meeting, approximately 30 members of the public joined and 2 people participated in Public Comment. The Council thanks everyone who took time to join, listen in, and share their personal experiences and perspectives during the meeting.

Ben Danielson, Council Chair, called the public meeting to order at 9:30 a.m. and read from a prepared statement (on file).

Participants introduced themselves and responded to the following prompt: *How would our world be different if we had access to quality health care—if it was a right and you did not have to worry about how your identity is received or the availability of culturally and linguistically appropriate care?*

Participants' comments included:

- People who have medical issues that require expensive medication would not have to worry about the cost.
- Our children would not have to worry about making decisions between rent, food, and healthcare.
- All healthcare systems would be supportive and not one-and-done. There would be follow up and continuous, ongoing customer care to ensure folks are healthy and feeling good about the care they receive.
- There would be so much potential if healthcare were accessible, affordable, appropriate, affirming, and available to everyone. There would be so much health potential and power of prevention if people did not have to delay or forgo healthcare services. There would be integration of care to address physical, mental, emotional, and spiritual health, wellbeing, and quality of life. All of this could help people achieve their highest potential, and certain powers could come into being in the world as a result.
- The change would be elimination of worry and mistrust, replaced by an unquestioning belief that there are people surrounding us who want what is best for us.
- We would not have to think about worthiness for care. There is a humanizing value in mutual care.
- People would be recognized and we would no longer have to prove the humanness of whole populations, including refugee populations.
- We could relax into the knowledge that our families are cared for. The calculus of always having to scrap things together is exhausting.
- Proper healthcare for all means less stress for people, better quality of life, and a healthier society overall.
- We could take a collective exhale and the tension we feel from whether we will receive the care we need will relax. People would feel they are heard, seen, and cared for. We would breathe clean air, live in safe homes, next to family and neighbors who care for us.
- Clients would experience a better quality of life if they were treated with respect and not thrown away because of the substances they use or their display of socially acceptable behavior.

- Dignity is so important in healthcare. We would have a chance to heal from the past traumas of undignifying health care experiences.
- Our kids' health, our elders' health and our own health would not be a concern of funds or who one's employer is or is not. Health would be a basic right in our country. We would upend the status quo and not rely on personal fundraisers for healthcare.
- The promise to healthcare for tribes, established in treaties, has not been realized. We know there are huge inequities in access to healthcare, with dental care as an example, and inequities are especially prominent for folks with Medicaid coverage.
- The world would be different because poverty would not be a forgone conclusion, and we would have the chance to materialize the things we can only dream of right now.
- Our world would be different in so many ways. People would be able to move beyond needing to tend to their basic human needs and have the space for deeper fulfillment. Instead of picking up a second or third job, folks would have space to create art, to tend to the earth, to gather in community, and to celebrate. For our friends who are in the process of getting pregnant and giving birth, they would have access to quality pre- and postnatal care and adequate baby bonding time. There would be positive generational ripples.
- We would have healthcare that treats us as well as a loving village does.
- Services would be easy and accessible. This would include cost and insurance issues related to adaptable health equipment. So little is covered by insurance and it takes a lot to advocate for oneself in our healthcare system.
- Mental health, behavioral health, and substance use treatment are destigmatized further and readily available. We would live in a world where the demonstrated dignity of all allows us a big sigh of relief that we all matter.
- Privilege would not factor into healthcare access. Right now, the barriers are high even when surrounded with privilege.
- Right now, it is a privilege to have quality health insurance coverage and not need to think about whether our family could afford the care necessary for our safety. There is privilege in having providers who speak one's preferred language and who responds to questions and concerns with care and respect. At the minimum, that is what every person in this world deserves. That and so, so much more.
- Healthcare providers are exhausted. How can we help them and lift the burden together? How can we train the next generation of providers? Healing would take place in our communities and we would see natural resources and medicines as options. Elders have important roles in the survival of our language and practices.
- A Black woman could consult with healthcare providers who look like them and understand their culture from personal experiences. A healthcare interaction would not be steeped in stereotypes and racism.
- Healthcare providers would mirror their communities. We cannot afford to have our medical system, which should be a right for all to access, continue to be a system of deprivation.

1. **APPROVAL OF AGENDA**
   Motion: Approve May 10, 2023 agenda.
   Motion/Second: Member Kutz/Member Piazza. Approved unanimously.

2. **APPROVAL OF MINUTES**

   Motion: Approve December 15, 2022 minutes.
   Motion/Second: Member Williamson/Member Kutz. Approved unanimously.

   Motion: Approve February 16, 2023 minutes.
   Motion/Second: Member Williamson/Member Huynh. Approved unanimously.

To maintain the designated public comment time, agenda item #3 (Revised 2023 Regular Meeting Schedule) was moved to a later time.

4. **PUBLIC COMMENT**
   Chair Danielson announced the Council was transitioning to the public comment period and read from a prepared statement (on file).

   Omar Santana and Angela Vera Webster, WA State Office of Equity, said the Office of Equity is focusing internally on the work of state agencies and working on the mission of making Washington the first Belonging State. This includes creating a Community Advisory Board to guide the Office of Equity's processes, which will be convened this summer with an inaugural meeting in Spokane. Omar shared information about the type of work the group will do in its first year together. Angela said they are recruiting for Board members with lived experience and a fierce passion for anti-racism and pro-equity.

   Greg Williams, Council Member (Department of Children, Youth, and Families), said he likes the flyer in English and Spanish for the Community Advisory Board and the list of focus issues and groups included. He asked how Office of Equity staff are planning to include people under the age of 18 and offered to connect them to youth-led and youth-driven groups.

   Chair Danielson said he enjoys the Office of Equity's daily quotes. Today's quote was something like, "Health is the first freedom."

3. **REVISED 2023 REGULAR MEETING SCHEDULE**
   LinhPhung Huỳnh, Council Staff, said there is a need to revise the Council's 2023 regular meeting schedule due to changes in staff and Council leadership availability. Linh asked for feedback on the following suggested changes:
   - Meet on August 23, 2023 (instead of August 17)
   - Meet on September 14, 2023 (instead of September 13)

Linh also noted that due to the ending of the state and federal COVID-19 emergency declarations, Council meetings will require a physical location in the future to align with the Open Public Meetings Act.

Stephen Kutz, Council Member (State Board of Health), said the best Council meetings have been the ones where Council members are able to visit various communities and engage folks who would not normally participate. Chair Danielson agreed.

Motion: Approve revised 2023 regular meeting schedule.
Motion/Second: Member Zinda/Member Williamson. Approved unanimously.

The Council took a break at 10:44 a.m. and reconvened at 10:55 a.m.

5. DISCUSSION: ANNOUCEMENTS AND COUNCIL BUSINESS

Chair Danielson recalled the morning introductions and said healthcare for all would bring such a sense of relief. He said equity defies the laws of physics and gravity. He added that the reason everyone is tired is that oppression is hard work and he believes it is easier to lift up than hold down. Denise Frakes, public participant, led the group in a collective breathing exercise with thoughts of gratitude.

LinhPhung Huỳnh, Council Staff, provided updates related to Council business and priorities. Topics included the end of the COVID-19 national emergency declarations; the Statewide Pandemic After Action Review (AAR) Task Force; and various state agencies' responses to the U.S. government's initial proposal for updating federal standards for collection of race/ethnicity data (presentation on file).

On the topic of the AAR Task Force, Chair Danielson said he appreciates solutions generated when communities gather to discuss an issue and how they often transcend the present moment. He said it is powerful to see reparations as a recommendation for pandemic relief and that it reminds him of California's efforts towards reparations. He said he is not sure Washington could call itself a Belonging State until it becomes a reparations state.

Council members and meeting attendees shared their updates.

Renee Fullerton, Council Member (Workforce Training and Education Coordinating Board – Workforce Board), spoke about the adoption of House Bill 1503, which requires all healthcare providers applying for licenses or license renewals on or after January 1, 2025, to report their demographic information. She said this bill resulted from a recommendation from the Health Workforce Council, a group that she staffs, and also supports past recommendations from the Health Disparities Council. She added that implementation would allow the Workforce Board to understand how they are making progress towards a workforce that reflects the state population.

Council Member Williamson spoke about the Department of Children, Youth, and Family's (DCYF's) Child Welfare Housing Assistance Pilot Program, which the Legislature passed in 2019 as Senate Bill 5718. He said that this year, the Legislature

passed Substitute Senate Bill 5256 and appropriated $9 million to provide housing assistance in the reunification of families with dependent children; to provide housing assistance to prevent youth from going into dependency; to provide housing assistance to youth transitioning out of foster care into independent living; and to provide subcontracting funds for juvenile rehabilitation exits. He said DCYF sees child welfare housing as a focus equity issue and that this funding would combat systemic barriers with concrete solutions, support, and housing for young people.

Linh then provided a recap of a conference titled "Aligning Towards Justice, Co-Governance, and Well-Being," which some Council members and staff attended last week (presentation on file). She asked conference attendees to share their reflections and asked all meeting participants to share what they connected with in the presentation.

Denise Frakes, public participant, shared appreciation that the Council is considering moving efforts toward co-governance. Council Member Williamson said it was great to talk with conference attendees about the concept of co-governance and ideas like participatory budgeting or the community assembly model. He said status quo systems like state and city governments can see co-governance as very challenging.

Jessica Zinda, Council Member (Department of Social and Health Services, said that coming out of the event, she felt co-governance was the only choice moving forward. Since then, she has been thinking about how it can operate in practice. Council Member Fullerton said she was not at the event, but wondered if there was grappling with the term "community' and how local groups and authority can also be part of maintaining systems of inequity.

6. BRIEFING AND DISCUSSION: HEALTH IS A RIGHT

LinhPhụng Huỳnh, Council Staff, shared that a central question has emerged through the Council's redesign: "What should we consider health: as a need, an opportunity, a right, or something else?" Additionally, some Council members have expressed curiosity about what the right to health would include and what it could lead to. Linh said staff were guided by this direction and did initial research into the concept of Health Is A Right and how this concept has shown up in various written documents and legal frameworks.

Lindsay Herendeen and Miranda Calmjoy, Health Policy Analysts, presented their preliminary research on Health Is A Right (presentation on file).

Member Williamson asked if staff found content related to unionization, popular boycotts, or use of personal or population-level purchasing power. Miranda responded that a lot of research comes up at the international level, such as case studies related to working conditions and people's health. She added that we often hear about these stories after there is a problem that requires a response.

Member Williamson said that media are highlighting issues related to poor health conditions in federal detention centers, including in Tacoma, Washington. He said news sources are sharing that the U.S. government is turning migrant children out of

government systems and over to community sponsors, where children are then exploited for labor. He said this is a painful example of how government decisions intended to ameliorate one issue causes negative consequences in another area.

Member Kutz said Medicaid is a prime example of how states attempt to equalize healthcare throughout our existing system. He shared that emergency rooms across the state are struggling to provide care for issues that should have been handled by primary and urgent care, but people oftentimes do not have a primary provider or are not communicating with the provider. He said, “These are long battles we need to fight together.”

Chair Danielson said our approaches to information often leaves certain sources completely off the table. He called for action in areas where law and doctrine do not yet exist and for promoting policy despite current barriers.

Member Fullerton wondered what concepts our state considers as a right. She thought of public K-12 education as an example and asked whether that is a similar outcome we want to move toward. Member Fullerton said healthcare currently sits in a capitalistic system that runs on profit and it is a staggering concept to think about.

Member Kutz said historical trauma is a big piece of what we have to deal with to be healthy as a society. He mentioned that life expectancy in the U.S. is lower than other places in the world, especially when we look at certain segments of the U.S. population.

Lydia Faitalia, Council Member (Commission on Asian Pacific American Affairs), said she is thinking about the cost of shifting to universal healthcare. Member Kutz shared that health is one of the most basic rights and it is a reflection of all our other rights. He added that ultimately, if people are unhealthy, nothing else works for them.

Jo-Ann Huynh, staff, shared thoughts on the limits of current authority and legality in ensuring people their rights. Chair Danielson said there is intentionality in knowing when someone needs something and then denying it. He said strategies in the traditional toolkit uphold the status quo and we need different strategies. Liz Baxter, public participant, said stating that “health is a right” is a power shift and it is different than saying “healthcare is a right.”

Diane Klontz, Council Member (Department of Commerce), said our council goes to community to hear what people need. Government continues to retraumatize people by asking them to tell their stories, but then not responding in the way they need. She said she is inspired and dedicated to continuing to work with leadership in our state to create bigger change. Lindsay shared a story about her son’s school assignment around “rights” and “responsibilities.” She said the choice and opportunity to exercise rights in informal settings outside of legal contexts is based on privilege, and not everyone has access to or can experience this.

The Council took a lunch break at 12:45 p.m. and reconvened at 1:10 p.m.

7. COUNCIL REDESIGN WORKSHOP

Council Member Zinda shared excitement about incorporating knowledge from the conference last week (see agenda item #5), from today's staff briefing on research about Health Is A Right, and from this morning's visioning into this redesign workshop.

Maketa Wilborn, workshop facilitator, gave an overview of today's workshop, including opportunities for providing input on draft statute language and discussion of Council structure.

LinhPhụng Huỳnh, Council Staff, shared an overview of the Council Redesign purpose, process, and timeline as well as learnings since the February redesign workshop. Council Member Kutz drew attention to the foundational truths being centered in the redesign and asked whether the COVID-19 pandemic has highlighted inequities or worsened inequities. Chair Danielson and Linh suggested that it is a "both/and" situation and the severe impacts of the pandemic are one manifestation of root causes.

Millie Piazza, Council Member (Ecology), shared that the learnings presented are validating and she feels reflected. Member Piazza emphasized the importance of connecting this council's work with other state and federal initiatives, including the Pro-Equity Anti-Racism (PEAR) framework and Healthy Environment for All (HEAL) Act. She said she sees a drive among colleagues to work toward good outcomes for health justice, economic justice, and enivornmental justice.

Linh then shared a synthesis of 8 redesign core concepts (presentation on file) and how these concepts were incorporated in draft statute (on file). Maketa asked: Does this synthesis accurately reflect the input and intention that has discussed throughout the redesign?

Member Klontz stated that pieces of today's conversation align with the work of the Poverty Reduction Working Group (PRWG) and the Governor's directive on poverty reduction. She appreciated the idea that people build relationships with people, not agencies, and that we should continue to explore and build on that. Maketa stated that the Council has the opportunity to learn from and model from groups like the PRWG.

Member Kutz said that changing our statute may be challenging, but if we can do what we envision, we could impact a lot of areas of government. He said another challenge is how small and under-resourced the Council is, and added that he feels challenged and good to have the opportunity to do the sort of work the Council is envisioning.

Liz Baxter, public participant, expressed excitement about the idea that the Council could be a resource for organizations working with state agencies. For example, she would love to be able to form relationships broader than any one state agency to advance equity efforts. Denise Frakes said concept 7 and building relationships without any agenda is both wonderful and difficult.

Chair Danielson expressed appreciation that people are recognizing these concepts are bold and we are anticipating some challenges, yet no one is saying this must stop. He asked if we are holding ourselves to and being clear about racism and working with communities who experience oppression.

Chair Danielson asked everyone to hold to the core concepts so they anchor us. Like a climber who periodically inserts a piton as they scale a cliff so they do not fall back beyond that point, these core concepts offer an anchor and a point of safety in our redesign.

7. COUNCIL REDSIGN WORKSHOP (CONTINUED)

Maketa Wilborn, facilitator, asked everyone to read the draft statute (on file) and identify places that need input or revision.

Participants suggested the following considerations and revisions:

- Avoid human-centered language that creates a false distinction between humans and animals.
- When referring to the Compact of Free Association (COFA) Islands, state that the U.S. did nuclear testing and that is why there is displacement of people off their lands.
- If we are referring to and comparing to whiteness, then name that.
- When referring to racism as a public health crisis, include the point that racism negatively impacts all communities.
- Where the statute includes a list of identities, there is concern over who is listed, who is not listed, how lengthy the list is, and how the list will always be incomplete and changing. Can the narrative work without this list?
- Members disagreed on whether to highlight the pandemic's disproportionate impacts on certain groups, including Native Americans and Pacific Islanders. One reason to highlight disparate impact is to emphasize the importance of disaggregated data. One reason to avoid this specificity is to help statute outlast the COVID-19 recovery.
- Let us keep challenging ourselves to think about co-governance and how the Council could be led by community or place community out in front.
- Community and tribal partners should have a more robust presence on Council membership to align with co-governance.
- Seats for tribal representatives can be challenging to fill.
- The Council would need resources to support formal government-to-government dialogue like tribal consultation.
- Do we need to add the Employment Security Department, Department of Revenue, and Office of Equity? We would need to justify why each agency should be added.
- Consider the balance between government and community representatives (6 community members are not enough). Additionally, create structures to foster solidarity for community member representatives.
- Instead of community members "representing interests of communities," say that they will "bring the voices" of communities.
- Remove barriers in statute that would require youth representatives to be at least 18 years old.
- Consider having at least 2 youth seats to create solidarity for youth in this space.

- At some point, the membership seats may become too numerous and we need to consider the balance point.
- Compensation is needed for community members with lived experience. People have full lives, have childcare and other needs to deal with, and membership will cause a large impact on their time.
- It is important to use the term “coordination” rather than “cooperation” when referring to a responsibility that all agencies have toward the Council.
- The Council should *work with partners* to create the “statewide vision for health and wellbeing.” The Council should create a universe of goals that also promote alignment.
- The Council’s work may be ignored without strong accountability mechanisms. Suggest including “metrics” and “recommendations,” so there is a way to measure success.
- Consider how legislators’ engagement with the Council can increase visibility and policy traction. With sufficient staffing and resources for the Council, we could identify champions of health equity and proactively engage legislators outside of Council meetings (e.g., brief the Legislature once a year?).
- Do we need a clearer or stronger relationship with the Governor and the Governor’s Office?
- The statute may need a section for definitions.
- The Council needs dedicated research and policy analysis support.
- The Council wants to do great things and we need resources to match this ambition without further stretching State Board of Health resources. [The State Board of Health staffs and convenes the Council.]

Chair Danielson expressed appreciation for continued engagement, critical thinking, and grappling with hard questions. He said we have core concepts we can use as anchors. For Council membership, he encouraged everyone to think about: Who do we want to influence? Who do we want to be accountable? Who do we want relationship with? He added that statutory language is one avenue and there are also additional ways of doing work, pivoting power, and being intentional about our approach.

8. Comments, Feedback, and Reflections

Chair Danielson shared appreciation for staff and interpreters. He also expressed gratitude for Vice Chair Rodriguez and Member Zinda as co-leads in the Council Redesign. He stated that we are going to do something really amazing because this group cares about our work together.

ADJOURNMENT

Benjamin Danielson, Council Chair, adjourned the meeting at 3:54 p.m.

GOVERNOR'S INTERAGENCY COUNCIL ON HEALTH DISPARITIES

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Benjamin Danielson, Chair

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