

Governor’s Interagency Council on Health Disparities Statute Redesign

September 7, 2023 draft

If viewing the document with track changes on, please note track changes reflect updates made since the August 16, 2023 draft document. The changes do not compare proposed language with the Council’s current statute.

1. Governor’s Council for 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 their lifespans.

The legislature finds that throughout history, state and national policies have systematically excluded people of color and ~~additional~~other marginalized communities from the power, opportunities, access, and resources we all need for optimal health and wellbeing. Communities who are Black, Indigenous, and People of Color ~~communities,~~ women, transgender ~~people,~~ non-binary ~~people,~~ people experiencing poverty, living in rural ~~areas~~ communities, English language learners, veterans, refugees, and immigrants, people living with disabilities, youth, LGBTQ+ ~~communities,~~ and who have additional ~~other~~ marginalized identities ~~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 but not limited to 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

Commented [LH1]: Slight update on name: "Governor’s Health Equity and Justice Council" >> "Governor’s Council for Health Equity and Justice"

Commented [LH2R1]: For discussion at 9/14 public meeting: Could the inclusion of "justice" in the name result in perceived redundancy or conflation with groups like the Environmental Justice Council, Poverty Reduction Work Group (which may rebrand to Economic Justice), etc.? Is "justice" subsumed in "health equity"? Or would "justice" in our name be a positive demonstration of what we’re created to do and our alignment with EJC, PRWG, etc.?

Commented [LH3]: Code Revisor’s Office suggested changing to "other" throughout.

Commented [LH4]: Code Revisor’s Office suggested rewording this sentence.

1 communities and cultures have resulted in historical trauma¹ and intergenerational trauma that
2 continue to negatively impact the ~~physical and mental~~ health and wellbeing of people who live in
3 Washington.

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

10 Impacts of the COVID-19 pandemic and response are one demonstration of racism's harmful
11 effects on health and wellbeing. The pandemic has worsened conditions across the state and
12 has widened inequities, emphasizing how government is not currently structured in a way to
13 respond to crises without leaving broad groups of people behind. Negative social, economic,
14 and health impacts from the COVID-19 pandemic will continue to reverberate throughout the
15 state and future generations.

16
17 The legislature finds that state government efforts should focus on actions and policies that
18 promoting-promote the health and wellbeing ~~of all beings~~. This requires coordinated and
19 sustained efforts to undo all forms of racism and bias, prevent further harm, build connection
20 and resilience across the state, and support communities in healing from historical and
21 intergenerational trauma, especially among communities most affected by racism and
22 inequities.

23
24 The legislature further finds that advancing health equity will benefit everyone and will make
25 Washington state more resilient and able to respond to current and future public health threats,
26 such as racism and climate change. Working toward health equity requires state government to
27 be led by the inherent power of community and fully serve people who experience intersecting
28 forms of oppression. Health equity only exists when we all have the opportunity to reach our full
29 potential.

30
31 **Therefore, it is the intent of the Washington state legislature to promote health and**
32 **wellbeing for all in Washington by advancing health equity and creating socially,**
33 **economically, and environmentally just conditions where all individuals and**
34 **communities are free from racism and other forms of oppression ~~and have full access to~~**
35 **~~the social determinants of health~~, so we can be the healthiest versions of ourselves and**
36 **reach our full potential.**

Commented [LH5]: For discussion at 9/14 public meeting: Do we want to explicitly state "climate change" here? Is "climate change" already implied in "threats"?

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 In meeting the intent of this chapter, the Governor's Council for Health Equity and
2 ~~Justice Council~~ shall partner with communities, state agencies, the legislature, and the
3 ~~Office of the Governor, state government, and communities~~ to create a statewide vision
4 for health and wellbeing as well as policy recommendations that promote health equity
5 and justice.
6

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

8
9 (1) In collaboration with staff whom the office of financial management may assign, and within
10 funds made expressly available to the State Board of Health for these purposes, the State
11 Board of Health shall convene and provide assistance to the Council.
12

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

- 15 (a) One from the Commission on African American Affairs;
- 16 (b) One from the Commission on Asian Pacific American Affairs;
- 17 (c) One from the Commission on Hispanic Affairs;
- 18 (d) One from the Governor's Office of Indian Affairs;
- 19 (e) One from the LGBTQ Commission;
- 20 (f) One from the State Board of Health;
- 21 (g) One from the Department of Health;
- 22 (h) One from the Department of Social and Health Services;
- 23 (i) One from the Department of Commerce;
- 24 (j) One from the Health Care Authority;
- 25 (k) One from the Department of Agriculture;
- 26 (l) One from the Department of Ecology;
- 27 (m) One from the Office of the Superintendent of Public Instruction;

Commented [LH6]: Rewording and reorganization was suggested by the Code Reviser's Office. No groups were removed or added since the 8/16 draft.

(n) One from the Department of Children, Youth, and Families;

(o) One from the Workforce Training and Education Coordinating Board; and

(p) 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~~ who have been systematically excluded from the power, opportunities, access, and resources needed to attain health and wellbeing.

Commented [LH7]: For consistency.

(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~~ the State Board of Health. Based on the Council's recommendation, the ~~Governor~~ the State Board of Health may appoint pro tempore members ~~to~~ 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.

Commented [LH8]: Should someone other than the GOV be the appointing authority to relieve the large volume of appointments the GOV's Office has to deal with? We also want to avoid delays in appointments if possible.

Commented [LH9R8]: For discussion at 9/14 public meeting: Consider changing this back to the Governor.

Commented [LH10]: Rewording suggested by the Code Reviser's Office.

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

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

(a) To promote agency commitment and coordination, each state agency on the Council ~~may nominate a staff person who has authority or significant influence on an agency's operations~~ must identify an executive team level staff person or designee to participate on behalf of the agency.

Commented [LH11]: For discussion at 9/14 public meeting: Should we take this requirement for youth age and term limit out of statute? We don't specify term limits in statute for other seats. We do that in our bylaws instead (see Terms of Office): <https://healthequity.wa.gov/sites/default/files/2022-05/HDC%20Org%20Bylaws.pdf> However, the legislature may want to know what we mean by "youth."

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

(c) The youth representatives must be 25-26 years or younger ~~at the time of appointment~~ for the duration of their appointments or until a successor is appointed.

Commented [LH12]: For discussion at the 9/14 public meeting: How about having the GOV appoint one co-chair and the Council electing another co-chair? However, a Council member shared that GOV appointment/designation of a Chair carries significance, especially when interacting with Tribes and Tribal partners.

(d) ~~The Governor shall appoint Co-Chairs from among the Council members representing the commissions identified in subsection (2)(a) through (e) of this section or representing the public. The Governor shall consider Co-Chair nominations or recommendations from the Council. core members of the council shall choose at least two members, from among the council members representing the statutory commissions of the community, to serve as co-chairs.~~

Commented [LH13]: Changed this wording to match the reorganization of the membership list. The concept is still the same: co-chairs will be appointed from among the commissions and public members.

1
2 (6) When representing the Council, Council members may communicate policy
3 recommendations and positions on behalf of the Council instead of their respective agency or
4 organization.

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

9
10
11 **3. Council – Authority – Duties – Reports. [RCW [43.20.280](#)]**

12
13 (1) The Council shall work with governmental and nongovernmental partners to create a
14 statewide vision and universal goals for health and wellbeing as well as policy recommendations
15 to move Washington toward achieving its vision and goals.

16
17 (a) The vision, goals, and policy recommendations shall provide an actionable
18 framework to support ~~communities, state agencies, the Governor, and~~ the legislature,
19 ~~the Governor, state government agencies, and communities~~ in advancing health equity
20 in Washington state.

21
22 (b) The vision, goals, and policy recommendations shall guide state agencies as they
23 continue to fulfill requirements pursuant to RCW 70A.02 [Environmental Justice] and
24 RCW 43.06D [Office of Equity].

25
26 (c) The Council's ~~policy~~ recommendations shall work toward resolving the negative
27 structural and social determinants of health and promoting the positive determinants.

28
29 (d) The vision, goals, and ~~policy~~ recommendations shall incorporate the diversity of
30 communities across the state.

31
32 (e) In the development of the vision, goals, and policy recommendations, the Council
33 shall engage communities and may use participatory methods that promote community-
34 led planning and design, so that communities who are disproportionately impacted by
35 inequities have meaningful opportunity and power to shape narratives, priorities, and
36 policy recommendations.

37
38 (2) The Council shall promote and facilitate communication, information sharing, coordination,
39 and collaboration among relevant state agencies, ~~for and by organizations,~~ ~~organizations that~~
40 ~~have been established for and by the people most impacted by an issue such as racism and~~

Commented [LH14]: For consistency.

Commented [LH15]: For consistency.

Commented [LH16]: Rewording suggested by the Code Reviser's Office.

1 ~~health inequities~~, communities of color and ~~additional~~ ~~other~~ marginalized communities, and the
2 private and public sectors to support health equity, wellbeing, truth and reconciliation, and
3 healing. ~~“For and by organizations” means organizations that have been established for the~~
4 ~~people and by the people most impacted by an issue, such as racism and health inequities.~~

5
6 (3) The Council, with assistance from state agencies and other partners, shall conduct public
7 hearings, research, inquiries, studies, or other forms of information gathering to:

8
9 (a) Understand how the actions of state government ameliorate or contribute to health
10 inequities.

11
12 (b) Recommend initiatives for improving the availability of culturally and linguistically
13 appropriate information and services within public and private health-related agencies.
14

15 (4) The Council shall collaborate with the Environmental Justice Council, the State Poverty
16 Reduction Working Group, the State Office of Equity, and other state agencies, boards,
17 committees, and commissions to ~~ensure~~ ~~propel~~ state government ~~efforts toward actions that~~ are
18 coordinated, ~~mutually reinforcing~~, and rooted in anti-racism, access, belonging, and justice ~~and~~
19 ~~that so~~ these efforts benefit all Washingtonians.

20
21 (5) The Council shall submit an initial report to the Governor and ~~relevant~~ ~~committees of the~~
22 legislature by ~~2028~~ ~~January 15, 2030~~, with the statewide vision and universal goals for health
23 and wellbeing ~~detailed in subsection (1) of this section~~. Beginning ~~in 2030~~ ~~January 15, 2032~~,
24 and every two years thereafter, the Council shall submit an update to the Governor and ~~relevant~~
25 ~~committees of the~~ legislature with policy recommendations, the status of policy adoption and
26 implementation among relevant state agencies, the Governor, and the legislature, as well as
27 any revisions to the statewide vision and universal goals for health and wellbeing. ~~The Council~~
28 ~~shall make its reports publicly available on its website to provide convenient access to all state~~
29 ~~agencies.~~

30
31 (6) All state agencies must ~~cooperate~~ ~~collaborate~~ with the Council ~~and respond to its requests's~~
32 ~~efforts, including for disaggregated data, within available resources.~~

33
34 (7) The Council may:

35
36 (a) Use topics and findings from Health Impact Reviews, as authorized by
37 **RCW 43.20.285**, to inform the Council's priorities, strategies, and recommendations;

38
39 (b) Develop policy positions;
40

Commented [LH17]: Received feedback that the Council may not be able to "ensure" that all of this will happen, but we can help move actions toward these desired outcomes.

Commented [LH18R17]: Received feedback that "mutually reinforcing" may be redundant/unnecessary.

Commented [LH19]: Added by the Code Reviser's Office.

Commented [LH20]: 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?

Commented [LH21R20]: For discussion at 9/14 public meeting: Should we set due dates of 2030 and 2032? Looking at our original statute, the Council was created in 2006 and was charged with creating a state action plan by 2012. Allowing ourselves a similar timeline will allow time to hire on new staff, build relationships, and create iterative drafts for feedback before we have to submit something final to the GOV and legislature. We can always submit the initial report before 2030 if desired.

Commented [LH22]: Need specific dates.

Commented [LH23]: Added by Code Reviser's Office.

Commented [HL(24): For discussion at 9/14 public meeting: Is this addition helpful and accurate? At the last meeting, a Council member said that "state agencies" should be added to the list of who the Council submits reports to. There are over 200 state entities and there may not be a practical way to submit a report to all of them.

1 (c) Form advisory committees or implement participatory models, such as collaboratives
2 or community assemblies, to support [the Council](#) in gathering information and
3 developing policy priorities, recommendations, and positions. These groups may include
4 members of community and state agencies;

5
6 (d) Independently endorse or comment on policy recommendations and positions of
7 state and governmental entities, including but not limited to agencies, boards,
8 commissions, committees, and task forces; and

9
10 (e) Independently endorse or comment on policy recommendations and positions of
11 community-based and non-governmental entities.

12
13
14 **Remove this language from related statute due to expiration:**

15
16 **RCW [44.28.810](#)**

17 **~~Review of governor's interagency coordinating council on health disparities—Report to~~**
18 **~~the legislature.~~**

19 ~~The joint [legislative and audit review] committee shall conduct a review of the Health Equity~~
20 ~~and Justice Council and its functions. The review shall be substantially the same as a sunset~~
21 ~~review under chapter [43.131](#) RCW. The joint committee shall present its findings to appropriate~~
22 ~~committees of the legislature by December 1, 2016.~~