

Governor's Interagency Council on Health Disparities Statute Redesign

*The Council's authority is defined in statute/state law, mainly in RCW 43.20.270, 43.20.275, and 43.20.280. The updated statutory language below is a **proposal** from the Council and does not reflect actual or current law. Changes to the Council's statute would require action by state lawmakers during legislative session.*

1. Governor's Council for Health Justice and Equity— Findings—Intent—Purpose.

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 other marginalized populations from the power, opportunities, access, and resources we all need for optimal health and wellbeing. Communities who are Black, Indigenous, and People of Color, women, transgender, non-binary, experiencing poverty, living in rural areas, speakers of a language other than English, veterans, refugees, immigrants, living with disabilities, youth, LGBTQ+, and who have other marginalized identities 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

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

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

15
16 The legislature finds that state government efforts should focus on actions and policies that
17 promote health and wellbeing. This requires coordinated and sustained efforts to undo all forms
18 of racism and bias, prevent further harm, build connection and resilience across the state, and
19 support communities in healing from historical and intergenerational trauma, especially among
20 communities most affected by racism and inequities.

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

28
29 **Therefore, it is the intent of the Washington state legislature to promote health and**
30 **wellbeing for all in Washington by advancing health equity and creating socially,**
31 **economically, and environmentally just conditions where all individuals and**
32 **communities are free from racism and other forms of oppression, so we can be the**
33 **healthiest versions of ourselves and reach our full potential.**

34
35 **In meeting the intent of this chapter, the Governor's Council for Health Justice and**
36 **Equity shall partner with communities, state agencies, the legislature, and the Office of**
37 **the Governor to create a statewide vision for health and wellbeing as well as policy**
38 **recommendations that promote health justice and equity.**

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.

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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 shall consist of 22 core members which shall include the following representatives:

- (a) One from the Commission on African American Affairs;
- (b) One from the Commission on Asian Pacific American Affairs;
- (c) One from the Commission on Hispanic Affairs;
- (d) One from the Governor’s Office of Indian Affairs;
- (e) One from the LGBTQ Commission;
- (f) One from the State Board of Health;
- (g) One from the Department of Health;
- (h) One from the Department of Social and Health Services;
- (i) One from the Department of Commerce;
- (j) One from the Health Care Authority;
- (k) One from the Department of Agriculture;
- (l) One from the Department of Ecology;
- (m) One from the Office of the Superintendent of Public Instruction;
- (n) One from the Department of Children, Youth, and Families;
- (o) One from the Workforce Training and Education Coordinating Board; and

1 (p) Seven members of the public, including at least two youth representatives, who have
2 direct lived experience with health inequities and will bring the voices of communities
3 who have been systematically excluded from the power, opportunities, access, and
4 resources needed to attain health and wellbeing.
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6 (3) Whenever the workload or policy priority of the Council requires, the Council may assess its
7 core membership and recommend additional members to the Governor. Based on the Council's
8 recommendation, the Governor may appoint pro tempore members to the Council. When
9 serving, pro tempore members of the Council have all the powers and duties and are entitled to
10 the same compensation and reimbursement of core members of the Council.
11

12 (4) The Council shall establish its decision making and voting procedures within Council bylaws.
13

14 (5) Council members must be persons who are committed to and well-informed regarding
15 principles of health justice and equity and who, to the greatest extent practicable, reflect
16 diversity in race, ethnicity, age, disability status, sexual orientation, gender, gender identity,
17 military or military family status, urban and rural areas, and regions of the state.
18

19 (a) To promote agency commitment and coordination, each state agency on the Council
20 must identify an executive team level staff person or designee to participate on behalf of
21 the agency.
22

23 (b) Nongovernmental members of the Council shall be appointed by the Governor with
24 guidance from the Office of Equity.
25

26 (c) The youth representatives must be 26 years or younger. Once a youth
27 representative becomes older than 26, a youth successor shall be appointed and the
28 previous youth representative may finish the term as a public member if a public
29 member seat is open or as a pro tempore member as necessary.
30

31 (d) The Governor shall appoint Co-Chairs who have expertise or experience with health
32 justice and equity. At least one Co-Chair must be selected from among the Council
33 members representing the commissions identified in subsection (2)(a) through (e) of this
34 section or representing the public. The Governor shall consider Co-Chair nominations or
35 recommendations from the Council.
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37 (6) When representing the Council, Council members may communicate policy
38 recommendations and positions on behalf of the Council instead of their respective agency or
39 organization.
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1 (7) The Council is a class one group under RCW [43.03.220](#). Nongovernmental members of the
2 Council must be compensated and reimbursed in accordance with RCW [43.03.050](#), [43.03.060](#),
3 and [43.03.220](#).

4 5 6 **3. Council – Authority – Duties – Reports.**

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

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12 (a) The vision, goals, and policy recommendations shall provide an actionable
13 framework to support communities, state agencies, the Governor, and the legislature in
14 advancing health justice and equity in Washington state.

15
16 (b) The vision, goals, and policy recommendations shall guide state agencies as they
17 continue to fulfill requirements pursuant to RCW 70A.02 [Environmental Justice] and
18 RCW 43.06D [Office of Equity].

19
20 (c) The Council's policy recommendations shall work toward resolving the negative
21 structural and social determinants of health and promoting the positive determinants.

22
23 (d) The vision, goals, and policy recommendations shall incorporate the diversity of
24 communities across the state.

25
26 (e) In the development of the vision, goals, and policy recommendations, the Council
27 shall engage communities and may use participatory methods that promote community-
28 led planning and design, so that communities who are disproportionately impacted by
29 inequities have meaningful opportunity and power to shape narratives, priorities, and
30 policy recommendations.

31
32 (2) The Council shall promote and facilitate communication, information sharing, coordination,
33 and collaboration among relevant state agencies, organizations that have been established for
34 and by the people most impacted by an issue such as racism and health inequities,
35 communities of color and other marginalized communities, and the private and public sectors to
36 support health justice and equity, wellbeing, truth and reconciliation, and healing.

37
38 (3) The Council, with assistance from state agencies and other partners, shall conduct public
39 hearings, research, inquiries, studies, or other forms of information gathering to:
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1 (a) Understand how the actions of state government ameliorate or contribute to health
2 inequities.

3
4 (b) Recommend initiatives for improving the availability of culturally and linguistically
5 appropriate information and services within public and private health-related agencies.
6

7 (4) The Council shall collaborate with the Environmental Justice Council, the State Poverty
8 Reduction Working Group, the State Office of Equity, and other state agencies, boards,
9 committees, and commissions to propel state government toward actions that are coordinated
10 and rooted in anti-racism, access, belonging, and justice so these efforts benefit all
11 Washingtonians.
12

13 (5) The Council shall submit an initial report to the Governor and relevant committees of the
14 legislature by June 30, 2030, with the statewide vision and universal goals for health and
15 wellbeing detailed in subsection (1) of this section. Beginning June 30, 2032, and every two
16 years thereafter, the Council shall submit an update to the Governor and relevant committees of
17 the legislature with policy recommendations, the status of policy adoption and implementation
18 among relevant state agencies, the Governor, and the legislature, as well as any revisions to
19 the statewide vision and universal goals for health and wellbeing. The Council shall make its
20 reports publicly available on its website to provide convenient access to all state agencies.
21

22 (6) Within available resources, all state agencies must collaborate and be responsive to the
23 Council's requests, including for disaggregated data.
24

25 (7) The Council may:
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27 (a) Use topics and findings from Health Impact Reviews, as authorized by
28 **RCW [43.20.285](#)**, to inform the Council's priorities, strategies, and recommendations;
29

30 (b) Develop policy positions;
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32 (c) Form advisory committees or implement participatory models, such as collaboratives
33 or community assemblies, to support the Council in gathering information and
34 developing policy priorities, recommendations, and positions. These groups may include
35 members of community and state agencies;
36

37 (d) Independently endorse or comment on policy recommendations and positions of
38 state and governmental entities, including but not limited to agencies, boards,
39 commissions, committees, and task forces; and
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1 (e) Independently endorse or comment on policy recommendations and positions of
2 community-based and non-governmental entities.
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5 **Remove this language from related statute due to expiration:**
6

7 **RCW [44.28.810](#)**

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

10 ~~The joint [legislative and audit review] committee shall conduct a review of the governor's~~
11 ~~interagency coordinating council on health disparities and its functions. The review shall be~~
12 ~~substantially the same as a sunset review under chapter [43.131](#) RCW. The joint committee shall~~
13 ~~present its findings to appropriate committees of the legislature by December 1, 2016.~~
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