



Agency Recommendation Summary

The Department of Health (DOH) requests funds to support both community-led projects as well as meaningful engagement with community members with lived experience to address health inequities and policy development. This proposal enables implementation of legislatively mandated initiatives at the department in partnership with impacted communities.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Staffing						
FTEs	0.3	6.5	3.4	6.5	6.5	6.5
Operating Expenditures						
Fund 001 - 1	\$674	\$2,186	\$2,860	\$2,186	\$2,186	\$4,372
Total Expenditures	\$674	\$2,186	\$2,860	\$2,186	\$2,186	\$4,372

Decision Package Description

DESCRIPTION

The Department of Health (DOH) requests funds to support both community-led projects as well as meaningful engagement with community members with lived experience to address health inequities and policy development. Department of Health worked with hundreds of community organizations across the state at the height of the pandemic and continues to foster collaboration as we look ahead. Economic and health recovery from the COVID-19 pandemic varies across diverse communities, with some health disparities compounded. Community engagement is critical to the department’s ability to prioritize where to focus effort on addressing health inequities in partnership with impacted communities. Through our Community Collaborative and other engagement work at the department, we recognize that communities themselves are best positioned to identify and address the unique health challenges they face, as those who are closest to the issues are also closest to the solutions. DOH is committed to centering communities most impacted a particular health issue, in designing and implementing public health initiatives, and in support of our shared goals of achieving health equity. By investing and empowering community organizations and the leadership of those with lived experience, strategies can be informed by community and successfully support the cultural and geographic context of the individuals they serve, while also supporting leveraging efforts and resources in that community.

The department proposes to invest in our community-led efforts to engage historically disadvantaged groups across the state, and to support sustainability and resilience within communities and the organizations that serve them as they navigate recovery and change.

This proposal funds the department’s Community Investment and Collaborative branch that enables DOH collaboration with communities to undo systemic practices that produce health inequities. This request is also designed as a phased approach to support implementation of legislatively mandated initiatives that support the department’s overall equity strategy (inclusive of 2022 2SSB 5793, community compensation; 2021 E2SSB 5052, Health Equity Zones; and 2022 Governor Executive Order 22-04).

Equity, Innovation and Engagement are cornerstone values for the department and drive how we focus our efforts in our Transformational Plan for improving public health in Washington state. The department does this work by prioritizing and centering communities most impacted by health inequities, by honoring their labor and voices in our decision-making process, while simultaneously creating space to foster collaboration with community-based organizations, impacted businesses, cross-sector partners, health care entities, and public health agencies.

This work requires a funding investment to support needed community compensation, programmatic support, and staffing support to communities engaging in shared public health strategies with the department. Currently the work has braided, limited scope funding under the CDC’s Health Disparities Grant, that provides community compensation, project temporary FTE, and third-party programmatic support. This funding ends December 31, 2023.

Another key effort that centers community leadership in public health responses is the department’s Health Equity Zone initiative, established at

the department in 2021 by Senate Bill 5052. Implementation focused on creating a pilot mechanism for communities most impacted by health inequities to improve health outcomes at a local level. To date the department has: 1) centered community leadership in addressing health inequities with the creation of a peer-selected community advisory council to lead the work with programmatic support from DOH, 2) developed a model for communities to identify health priorities and develop project plans that meet their specific needs, and is prepared to 3) pilot test both the community-driven approach and the investments in 3 zones to lay the foundation for scalability.

The department requests \$200,000 per year, per zone for three (3) health equity zones to contribute to the launch and sustainability of these zones as they implement tailored community projects to reduce health disparities. States which have implemented similar projects have found it critical to have secured, flexible, base-level funding for communities addressing health inequities. The Community Advisory Council has identified inflexible funding as a barrier to communities in determining the solutions that best meet their needs. Base GFS funding will eliminate this barrier to communities. DOH will build from this base funding to secure additional funding, grants, or private foundation dollars to support the HEZ Community Collaborative project plans.

DOH, in partnership with the HEZ Initiative Community Advisory Council, identified a zone for rural communities (Whatcom County) and a zone for urban communities (South King County) in Washington State using data on health and the social determinants of health. A third zone for Native communities will be identified in Fall 2023. In total, the Community Advisory Council reviewed 43 completed nominations from communities across the state, demonstrating a strong interest in the HEZ Initiative.

Critical to the success of our Community Advisory Council and our Community Workgroup is reducing barriers to participation for Washingtonians who are low-income, from historically marginalized communities, and/or have lived experience so that they can share their expertise and meaningfully engage in guiding decisions that impact their communities in partnership with government. Reducing financial barriers to participation in government and public policy work is essential to successfully identifying equitable solutions and making effective investments to address existing health disparities. This request also includes funding to support compensation for qualifying, participating community members to this process and for surveys and focus groups for evaluation.

This work supports the department in our Transformational Plan, our roadmap for how the department transitions from transactional to transformational and supports our capacity to respond to emerging public health challenges.

PROPOSAL

The requested funding will support the agency's infrastructure and services based on consultation and partnership with diverse communities across Washington state, and by best practices provided by the Office of Equity Community Compensation Guidelines that lead to reduced health disparities and centering community. This investment will support increased community engagement in alignment with recent legislative mandates, provide needed community compensation for more equitable engagement, and support the department in implementation and evaluation of our equity and community engagement initiatives.

Increased Community Engagement:

- Supporting ongoing community engagement opportunities comprising representatives from diverse communities across the state. These groups serve as a platform for dialogue, collaboration, and co-creation of effective strategies to address health disparities. These groups ensure that the voices of underserved and underrepresented communities are heard and integrated into agency processes and systems. To provide all the accessibility needs of all community members to equitably participate in all community engagement activities to include programmatic support, language access, interpreters, translators, communications, translated materials/resources.
- Develop and maintain unique infrastructure and processes needed to track all DOH Collaboratives program needs and requirements including relationship management with thought partners, internal project information and resources, compensation tracking, evaluation, report writing, ongoing requests and tasks to meet the needs with community partners and their status and more.

- Communities know their unique needs best and the Health Equity Zone initiative is designed so that communities self-identify the solutions that will address these needs. This proposal will provide core funding for HEZ Community Collaboratives to implement projects designed by them to address the identified health disparity. In the first two years of convening the HEZ Community Collaboratives, base funding is needed to provide stability to community members engaged in identifying top inequities and creating plans to address these. This initial round of zone funding will help prepare for expansion to other geographic areas in FY27, as a pilot testing approach developed in partnership with participating communities during the initial launch of the HEZ Initiative.

Community Compensation Funding:

- To facilitate the successful implementation of priority health equity initiatives, further community compensation and funding for implementation is needed. In partnership with the department, community organizations and communities will be empowered to design, implement, and evaluate initiatives tailored to the unique needs of their populations.
- Address language access and communication needs include creation of materials and providing accessibility needs for participation for all meetings and engagements.

Agency Infrastructure:

- Recognizing the critical role of the Washington State Department of Health in advancing health equity, we propose an investment in agency infrastructure. This includes the sustainment of our workforce to effectively plan, execute, and monitor health equity initiatives. Strengthening our agency infrastructure will enable us to better serve communities and ensure equitable healthcare access.
- Sustain Community Engagement Collaborative Groups including strategy, outreach and recruitment, programmatic support and accessible facilitation of planned Collaborative meetings, regular communication and engagement with thought partners, reporting support, and overall increased project administration staffing capacity and logistics for accessible meetings.

Improve capacity to meet language access needs and promote accessibility by creating an agencywide budget to meet the needs of all community members to equitably participate in DOH community engagement activities and outreach in our community engagement activities. Translations, website updates, accessible meeting functions, interpreters, resource development.

ALTERNATIVES

If we are not able to support this proposal, we would lose the community infrastructure that we have created to support community compensation. Currently there is no long-term funding dedicated to fully implement the work, it is only temporary funded by seed money from a grant. This funding is not eligible for other funding such as Foundational Public Health dollars or other grants that DOH holds. Community relations and equity is a team that grew out of the community desire and needs to have influence over the programs and services that impact them. Consequences would be our agency not being able to provide the needed community capacity building and programmatic assistance for initiatives that are required to have community input and compensation. Our main vehicle for community engagement, which supports over 700 organizations from across the state, would no longer have the financial or staff support needed to efficiently administer community engagement efforts.

Currently, the HEZ Initiative is funded through a budget proviso, which allowed DOH to engage with community partners and agency stakeholders and support the HEZ Community Advisory Council in developing a plan and process, as directed by SB 5052, for the selection of the inaugural health equity zones in 2022. In 2023, DOH supported the Community Advisory Council in identifying 2 health equity zones for

rural and urban communities and continues to support Tribal Community Representatives in developing a process for selecting a health equity zone for Native communities. Not acting on this proposal will have deep impacts on the community members who have led the development of this initiative and the 3 communities identified as health equity zones. The consequences of not having core secured funding that provides flexibility in spending to identify health priorities and develop projects in each zone will lead to the perpetuation of health inequities and loss of community trust.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

Health Equity Zones (HEZ) Initiative

Actual/Projected Costs	FY22	FY23	FY24	FY25	FY26	FY27
Program	195,369	551,058	703,000	703,000	703,000	703,000
Community Compensation	0	0	50,625	202,500	202,500	202,500
Zone Grants	0	0	300,000	600,000	600,000	600,000
Total	195,369	551,058	1,053,625	1,505,500	1,505,500	1,505,500
Current Revenue	703,000	703,000	703,000	703,000	703,000	703,000
Gap (GFS)	507,631	151,942	(350,625)	(802,500)	(802,500)	(802,500)

HEZ was initiated through the support of a budget proviso in 2021 that is ongoing. Currently, the HEZ Initiative receives \$703,000 through Carryforward Level.

Detailed Assumptions and Calculations:

Health Equity Zones (HEZ) Initiative

HEZ Core Infrastructure Funding

2024: \$100,000 per zone for core infrastructure funding of 3 zones (\$300,000 total)

2025: \$200,000 ongoing per zone for core infrastructure funding of 3 zones (\$600,000 total)

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Implementation of Community Engagement and Community Compensation

Direct Community Engagement and Compensation

\$350,625 for FY24 and \$802,500 for FY25 and ongoing.

Funding included for creation of engagement and communication materials, including translation and interpreter services for meetings. Funding also includes support for outreach, recruitment, and accessible facilitation of meetings. Community compensation for participation in meetings and completing qualifying engagement activities such as surveys and focus groups. This requests funds priority stipends to individuals who are low income or otherwise qualify per state law to support their participation in class one groups and other priority engagement activities across the department.

The following positions are requested in FY 2025.

0.5 FTE Health Services Consultant 3: work with community partners and utilize community engagement principles to co-development content and review community content ensuring compliance with federal language access and accessibility laws.

1.0 FTE Management Analyst 5: work tasks will be to support community compensation activities across various statewide mandated class one workgroups, support community investment activities and provide subject matter expertise in community engagement.

1.0 FTE Management Analyst 5: provide program level support for community engagement in divisions and agency lead for DOH's statewide community collaborative. This position is founded upon the principles of social determinants of health (SDOH) and aims to bridge the disparities in health outcomes across diverse communities in Washington State.

1.0 FTE Health Services Consultant 3: coordinate statewide disability access functional needs workgroup, implementing accessibility principles to address statewide equity through community engagement.

1.0 FTE EPI 1: specific focus on equitable program evaluation methodology including conducting research, collaborating with community stakeholders, designing and implementing evaluation strategies, and reporting findings to inform decision-making.

Workforce Assumptions:

Investment of Community Investment and Collaborative Branch and Community Compensation

- 1.0 FTE Health Disparities Strategist (MA5)
- 0.5 FTE Language Access Coordinator (HSC 3)
- 1.0 FTE Community Investments and Compensation Coordinator (MA5)
- 1.0 FTE Accessibility Coordinator (HSC 3)
- 1.0 FTE Evaluation Coordinator (Social Epidemiologist, EPI1)

Total Salaries and Benefits - \$0 SFY24 / \$552,504 ongoing

Employee related expenses - \$0 SFY24 / \$9,392 ongoing

Total Funding Request - \$674,000 SFY24 and \$2,186,000 ongoing

Estimated expenditures will include salary, benefit, and related costs to assist with administrative workload activities. These activities include policy and legislative relations; information technology; budget and accounting services; human resources; contracts; procurement; risk management, and facilities management.

Strategic and Performance Outcomes

Strategic Framework:

This proposal corresponds with the Governor's Results in Washington Goal 4: Healthy and Safe Communities. The activities in this proposal will systematically promote health equity, as agency health equity initiatives will be informed by communities that have the best understanding of how to improve health outcomes. This proposal is also directly tied to the Governor's 10-year plan to dismantle poverty.

This proposal also aligns with the Department's Transformational Plan objective of Health & Wellness to develop initiatives that support communities in achieving true health equity and optimal health for all. This proposal not only complements the existing initiatives but also amplifies their impact, thereby accelerating the transformation of the healthcare landscape in the state. Here's how the proposal supports the department's transformational plan:

- **Equity-Centered Approach:** The proposal emphasizes the department's commitment to health equity, a central tenet of its transformational plan. By sustaining current Community Engagement processes and allocating increased community compensation and implementation funding, the proposal empowers communities, especially those historically underrepresented, to actively participate in shaping healthcare policies and programs. This approach directly aligns with the plan's emphasis on fostering inclusivity, equitable access, and community-driven solutions.
- **Collaborative Governance:** The creation and sustainment of the various community collaboratives, workgroups, advisory, and councils introduces a collaborative governance structure, mirroring the transformational plan's call for multi-stakeholder engagement. These groups bridge the gap between the department and the communities it serves, fostering a two-way dialogue that enhances transparency, accountability, and shared decision-making. Such collaboration resonates with the plan's objective to establish strong partnerships and collaborative networks across sectors.
- **Improved Impact:** The proposal's emphasis on community compensation funding greatly amplifies the impact of the transformational plan's initiatives. By allocating dedicated resources to community-led projects, the department leverages the expertise, cultural insights, and grassroots knowledge of local organizations. This approach strengthens the plan's efforts to address health disparities and create tailored interventions that resonate with diverse populations.
- **Strategic Resource Allocation:** The proposal advocates for increased agency infrastructure, a cornerstone of the transformational plan's capacity-building strategy. Strengthening agency resources, workforce, and technology enhances the department's ability to plan, implement, and monitor health equity initiatives effectively. This aligns seamlessly with the plan's objective to build a robust foundation for sustainable, data-driven, and impactful healthcare transformations.
- **Accelerated Measurable Progress:** By incorporating the principles of Senate Bills 5052 and 5793, the proposal accelerates the timeline for achieving the transformational plan's goals. The legislative support garnered through these bills expedites the implementation of health equity initiatives, providing a tangible pathway to realizing transformative changes within the state's healthcare ecosystem.

This request deepens the department's commitment to health equity, stimulates collaborative efforts, optimizes resource allocation, and fast-tracks the journey toward improving the health of all people in Washington state.

Performance Outcomes:

This legislative decision package serves as a dynamic bridge between the Washington State Department of Health's Transformational Plan and tangible legislative actions. The following are expected performance outcomes:

Specific Performance Outcomes:

- **Community Engagement:** With the increased utilization of community engagement collaboratives, we anticipate an increase in the representation of underrepresented communities in the decision-making process within the first year. This will result in the co-design and implementation of community-driven health equity initiatives annually, directly tailored to local needs and preferences.
- **Community Compensation and Implementation Funding:** Allocating additional funding in the budget towards community compensation and providing Health Equity Zones implementation funding will lead to a rise in the number of community-led health projects initiated within two years. These projects will be designed to target specific health disparities, with progress leading to a reduction in health inequities among underserved populations over the next three years.
- **Agency Infrastructure Sustainment:** By expanding and sustaining the workforce, we aim to reduce the time taken to plan and execute health equity initiatives by not having a gap in service to communities due to lack of staff capacity. This will translate into an increase in the number of successful program implementations per year, contributing to a rise in overall health equity index scores across the state over time.

Expected Positive Outcomes:

- Increased participation and representation of underrepresented communities in decision-making processes.
- Enhanced trust and collaboration between the department and local communities, resulting in more culturally relevant and effective health interventions.
- Reduction in health disparities, leading to improved health outcomes for underserved populations.
- Strengthened agency capacity to plan, implement, and monitor health equity initiatives efficiently.
- Accelerated progress towards the transformational plan's goals, fostering a more equitable healthcare structure.
- Equitable distribution of funding to support community-driven initiatives.
- Data that is accessible and relevant for communities to advocate for social and economic policies and programs. DOH programs can utilize data for program and policy development and community engagement.
- Improves community members' ability to synthesize and act upon public health guidance
- Supports accessible and transparent governance
- Services as vehicles to engage the public on any project that DOH programs seek community feedback on
- Continue support to the statewide community engagement collaborative groups, which centers the voices, feedback, and recommendations of community members and partners
- Provide programmatic support related to project management and developing health outcomes and other measures to evaluate project success
- Provide programmatic support to each zone Community Collaborative in implementing a participatory budgeting model
- Establish a Learning Community for participants to receive training, peer-to-peer connection and mentoring, and capacity-building tools
- Evaluate and improve the initiative using a community-driven methodology

Expected Negative Outcomes:

- Potential delays in project implementation due to the need for community co-design and collaboration.

- Temporary adjustment period required for agency infrastructure expansion, potentially impacting immediate program delivery.

Lean Initiatives and Expected Outcomes:

- **Process Streamlining:** Implement Lean methodologies to streamline the project approval process, reducing equitable decision-making time.
- **Waste Reduction:** Apply Lean principles to identify and eliminate inefficiencies in program implementation, leading to a reduction in resource wastage.

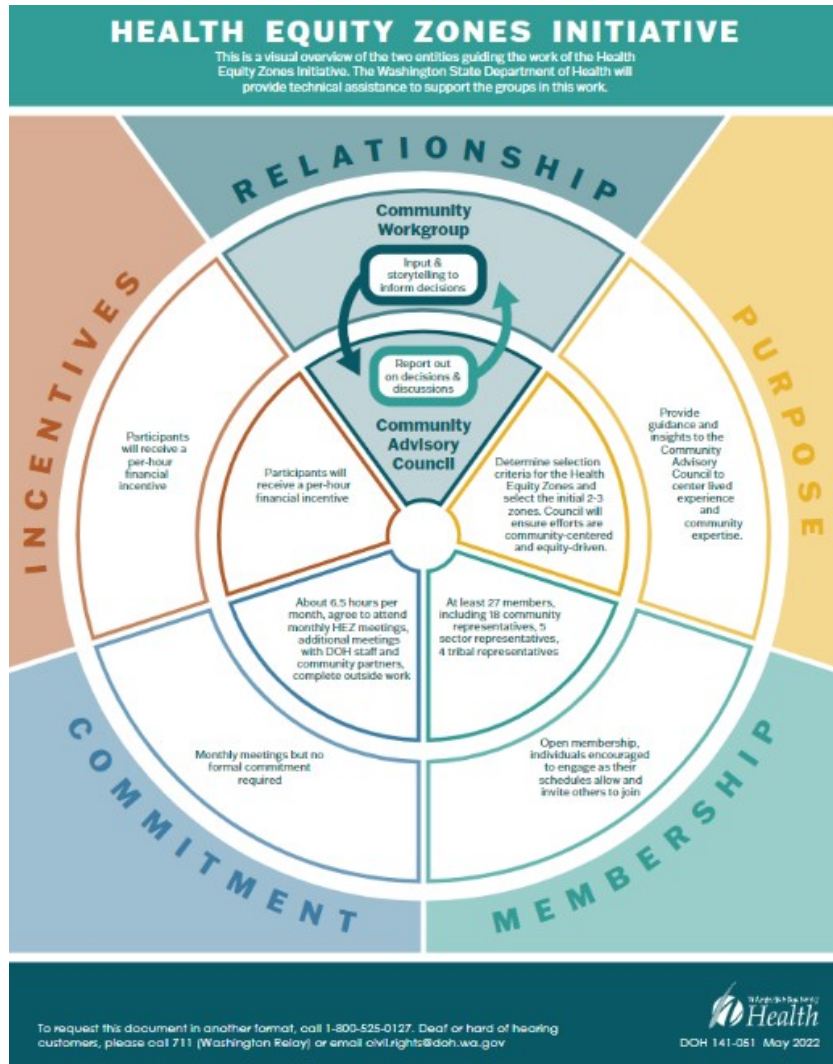
Continuous Improvement: Evaluating continuous improvement measures and community engagement feedback loop to monitor project outcomes, identify barrier, and implement corrective actions, resulting in an increase in program success rates.

Equity Impacts

Community outreach and engagement:

Equity, innovation, and engagement are at the center of the HEZ Initiative as it is focused on developing, expanding, and maintaining relationships between the state and communities, rebuilding trust in communities experiencing persistent health inequities, and shifting power to communities who understand their needs and solutions best. This approach is in line with the Office of Equity's Pro-Equity Anti-Racism framework, which places the community at the center of decision-making when it comes to determining how to develop solutions to improve their health outcomes.

The Department convened a Community Advisory Council, made up of community leaders, tribal community representatives, the Governor's Interagency Council on Health Disparities, local health jurisdictions, and Accountable Communities of Health, who led the process of selecting the zones and identifying the Urban and Rural health equity zones. DOH program staff played a programmatic support role and were not decision-makers in the process. Additionally, in response to strong interest from community members to engage with the HEZ Initiative, the Department convened a Community Workgroup. The Community Workgroup was open to community members across the state who were interested in providing guidance and feedback on the process with optional participation. The image below depicts the relationship between the Community Advisory Council and the Community Workgroup, including the continuous feedback loop that guided the decisions made by the Community Advisory Council.



Epidemiology staff has conducted ongoing participatory evaluation throughout the implementation of this work. This proposal includes feedback provided directly by Community Advisory Council members regarding their vision for expanding the HEZ Initiative.

Disproportional Impact Considerations:

This proposal directly improves the department’s capacity to expand meaningful community engagement with diverse partners across the state and help mitigate disproportional impacts. The legislature recognizes that individuals who are low-income or have lived experience from vulnerable or historically marginalized communities may have additional barriers to participating in policy discussions and government processes. The priority equity initiatives supported by this proposal help improve access and foster engagement across the agency.

Target Populations or Communities:

The following demographic and geographic communities will benefit from the engagement and implementation of the proposal:

- **Individuals Experiencing Homelessness and Housing Instability:** Homeless individuals and those facing housing instability will benefit from improved access to healthcare services and resources that address their unique needs.
- **Individuals with Complex Health Conditions:** Individuals with intersecting physical and behavioral health conditions will benefit from

targeted healthcare interventions and resources that address their complex health needs.

- **Central and Eastern Washington Communities:** Communities in Central and Eastern Washington will benefit from improved healthcare services and resources, particularly in areas that might have limited access to healthcare facilities.
- **Historically Underserved and Underrepresented Groups:** People who have been historically marginalized, discriminated against, or excluded due to various factors such as race, ethnicity, and socioeconomic status will benefit from the initiative's efforts to reduce health disparities and promote equitable healthcare access.
- **Seasonal Migrant Workers:** Seasonal migrant workers will benefit from improved healthcare access and resources, acknowledging the unique challenges they face in accessing consistent and quality healthcare.
- **People with Limited English Proficiency:** The proposal aims to improve healthcare communication and access for individuals with limited English proficiency, ensuring they can fully understand and engage with healthcare services.
- **People with Limited or No Access to Healthcare:** Individuals who lack access to healthcare services due to financial or geographical barriers will benefit from improved access to healthcare resources.
- **Intersectional Populations in Washington State:** This includes various demographic groups such as people from historically marginalized backgrounds, people with disabilities, people living in rural areas, people with limited English proficiency, individuals facing poverty or inequalities, people over age 65, people who identify as LGBTQIA, and religious minorities. The proposal aims to address disparities in healthcare access and communication among these intersectional populations.

By addressing these target populations and communities, implementation of the health equity initiatives aims to promote fairness, inclusivity, and accessibility in healthcare services across different demographic and geographic areas.

The department presented current proposals to the agency's Community Collaborative and thought partners to solicit feedback and community input. A webinar for community members to learn about proposed agency legislation was also hosted. Community members provided feedback, some of which came from currently funded community compensation workgroups, councils, and collaboratives.

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

Tribes: Continuation of the HEZ Initiative requires collaboration and partnership with Tribes who know the needs of their members best and are leading the process of identifying a health equity zone for Native communities.

Local Health Jurisdictions and Accountable Communities of Health: Department equity initiatives require coordination and partnership with local health, who have a deep understanding of the needs of their communities.

Governor's Office: Department equity initiatives require coordination with the Governor's Office and Health Disparities Council.

Stakeholder Response:

These non-governmental stakeholder groups participated in community advisory councils, workgroups, and collaboratives the list below is representative larger community categories and is not exhaustive based on their focus and activities:

- Indigenous Health and Justice
- Community Support and Services
- Immigrant and Refugee
- LGBTQ+
- Minority Health
- Environmental Justice
- Community Health Coalitions and Alliances
- Emergency Services and Disaster Relief

These groupings are based on common themes and activities that these stakeholder groups engage in, which helps to provide a broader understanding of their contributions to the community advisory councils, workgroups, and collaboratives.

State Facilities Impacts:

N/A

Changes from Current Law:

N/A

Legal or Administrative Mandates:

N/A

HEAL Act Agencies Supplemental Questions

1. Please describe specific likely or probable environmental harms and/or benefits and their associated health impacts to overburdened communities and vulnerable populations.

N/A

2. Please describe any potential significant impacts to Indian tribes' rights and interest in their tribal lands.

N/A

3. Describe how your agency engaged with Tribes in developing this proposal, including offers for tribal consultation, and any direction provided by Tribes through this engagement.

N/A

4. Has an Environmental Justice Assessment been completed? If so, please submit the assessment as an attachment in ABS.

N/A

5. Describe how your agency used the Environmental Justice Assessment process to eliminate, reduce, or mitigate environmental harms and equitably distribute environmental benefits? If your agency determined that you were unable to eliminate, reduce, or mitigate environmental harms and equitably distribute environmental benefits, please provide a justification for not doing so.

N/A

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. A	\$13	\$515	\$528	\$515	\$515	\$1,030
Obj. B	\$6	\$196	\$202	\$196	\$196	\$392
Obj. C	\$300	\$600	\$900	\$600	\$600	\$1,200
Obj. E	\$55	\$233	\$288	\$233	\$233	\$466
Obj. N	\$300	\$600	\$900	\$600	\$600	\$1,200
Obj. T	\$0	\$42	\$42	\$42	\$42	\$84

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