



Department of Health
2023-25 First Supplemental Budget Session
Policy Level - HD - Health Disparities Council

Agency Recommendation Summary

The Governor’s Interagency Coordinating Council on Health Disparities (Council) requests funding to fully meet statutory requirements. The COVID-19 pandemic and climate crisis further underscore the need for a fully resourced Council to coordinate policy strategies on the needed scale and timeline. This request accompanies agency request legislation that will update the Council’s name and membership and clarify authority and duties, and implementation of those updates is only possible with this requested base funding. This request is a placeholder until the council votes.

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	0.0	9.0	4.5	9.0	9.0	9.0
Operating Expenditures						
Fund 001 - 1	\$0	\$1,937	\$1,937	\$1,902	\$1,902	\$3,804
Total Expenditures	\$0	\$1,937	\$1,937	\$1,902	\$1,902	\$3,804

Decision Package Description

PROBLEM STATEMENT

In 2006, the Legislature found that women and people of color experience significant disparities from men and the general population in education, employment, healthful living conditions, access to health care, and other social determinants of health. The Governor’s Interagency Coordinating Council on Health Disparities (Council) was established through 2SSB 6197 (Chapter 239, Laws of 2006) to create a state action plan and policy recommendations to eliminate health disparities among people of color and women. The State Board of Health (Board) was charged with staffing and convening the Council.

The Council’s budget has not been adjusted since our creation in 2006, preventing the Council from fully meeting our statutory intent and requirements. For 17 years, the Council has primarily relied on 1.0 FTE dedicated staff position (Council Manager) to organize public meetings; conduct studies, research, and other forms of information gathering; facilitate communication and collaboration between agencies, private and public sectors, and communities of color; and develop policy recommendations and reports for state decision makers, among other required efforts. While the Council and Board operate in a resourceful and efficient manner, this chronic underinvestment has created severe limitations on the Council’s work (described below).

Simultaneously, the Council’s mandated body of work has grown more complex in both content and operations.

- **Content:** Through research and the expertise of our community partners, we know that addressing unjust health disparities (i.e., health *inequities*) requires coordinated action to address root causes that are “diverse, complex, evolving, and interdependent in nature.”^[1] Root causes include but are not limited to classism, racism, anti-Indigeneity, sexism, geographic isolation, ableism, homophobia, transphobia, and discrimination based on immigration or documentation status. Crises such as the COVID-19 pandemic and climate change are further impacting the health and wellbeing of every person in our state and country, and exacerbating long-standing inequities in our healthcare, economic, workforce, educational, and additional systems. These crises demonstrate that we are interconnected with each other and with the natural environment, and that a resilient, thriving State of Washington requires dedicated, sustained efforts to eliminate health disparities and advance health equity.
- **Operations:** To create effective, enduring strategies, the Council requires resources to promote collaboration, access, and equity in our policy development process. Community partners have told us that compensation, language assistance services, and hybrid meetings (i.e., meetings that offer both in-person and remote participation), among other supports, are essential for public participation.

With this decision package, the Council is requesting increased dedicated funding for staffing and other costs of running a Council,

so we can be fully effective at meeting our statutory requirements and no longer overstretch the Board's resources.

The Council is also submitting agency request legislation to update our name and membership and clarify our authority and duties. These updates would provide alignment with community visions and priorities, current state government efforts, and multisectoral approaches to advancing health equity at the federal level. **We need increased base funding to fulfill our current operational and statutory requirements, and implementation of the agency request legislation is only possible with this base funding.**

Council's Mandate

The Council is an interagency, advisory workgroup that currently consists of 14 members from state agencies, boards, and commissions, 2 consumer representatives from the public (community members), and a Chair who is the Governor or the Governor's designee. Council membership must reflect diversity in race, ethnicity, and gender. In addition to staffing and convening the Council, the State Board of Health (Board) serves as a member of the Council.

Current statute (RCW 43.20.270 through 43.20.285) requires the Council to:

- Create a state action plan for eliminating health disparities by race/ethnicity and gender;
- Submit updates every two years and progress reports every four years to the Governor and Legislature;
- Create statewide policy that measures and addresses social determinants of health as well as contributing factors of health;
- Promote and facilitate communication, coordination, and collaboration among relevant state agencies and communities of color, and the private sector and public sector, to address health disparities;
- Understand how state government actions reduce/contribute to health disparities;
- Recommend initiatives for improving the availability of culturally and linguistically appropriate health literature and interpretative services; and
- Collaborate with the State Board of Health to conduct Health Impact Reviews pursuant to 43.20.285.

In fulfilling our legislative mandate, we must:

- Conduct public hearings, inquiries, studies, or other forms of information gathering;
- Review existing data;
- Prioritize certain diseases, conditions, and health indicators according to prevalence and severity of the health disparity;
- Establish advisory committees; and
- Meet as often as necessary but not less than two times per calendar year.

Throughout the years, the Council has worked on the following topics related to health: educational opportunity gaps and workforce; health insurance coverage; healthcare workforce diversity, training, mentorship, and retention; specific health conditions such as obesity, diabetes, and adverse birth outcomes; behavioral health; reproductive health access/justice; poverty reduction through early learning services, access to health foods, and healthcare services capacity in rural areas; disaggregated data; and more. The Council adopted culturally and linguistically appropriate services (CLAS) as a priority and worked with the WA State Department of Health to create training modules that are still used across agencies today.

Before the creation of the Environmental Justice Council and Office of Equity, the Council collaborated with partners to advance equity and environmental justice accountability in government. The Council convened the Office of Equity Task Force and Environmental Justice Task Force between 2019 – 2020 at the direction of the Legislature. The Council strives to collaborate with government partners working on multiple dimensions of equity and justice, and our request legislation and decision package would provide for synergistic leadership and coordination while avoiding unnecessary redundancy.

Current Resources and Limitations

As required by statute (RCW 43.20.275), the State Board of Health (Board) staffs and convenes the Council. Additionally, the Department of Health is required to provide necessary technical staff support to the Board (RCW 43.20.030). The Board was originally allocated \$173,000 annually to support the Council. After indirect costs and a 10% reduction for administrative cuts in the 2012 budget, the budget for Council support was \$137,000 for FY2016. This level of funding provides for 1.0 FTE Council Manager and this staffing level has not been adjusted since.

The current 1.0 FTE Council Manager position is responsible for all administration, communications, research and analysis, facilitation, Council member support, report writing, community and partner engagement, and other tasks required to operate the Council and meet its statutory requirements. Additionally, this position oversees the Health Impact Review (HIR) program and supervises 2.6 FTE Health Policy Analysts assigned to that program.

Staff primarily assigned to Board duties also provide support to the Council as capacity allows, which has overstretched the Board's budget. Support includes providing staff support for administration, communications, and research/analysis when available; sharing audiovisual equipment for public meetings; covering meeting expenditures and workgroup member reimbursement; providing limited language translation and interpretation, when possible, etc. For example, the Board provided significant support for the Council's Summer 2023 community engagement activities related to our agency request legislation, which caused unsustainable demands on Board staff during a time when staff were also organizing Board public meetings.

Lack of adequate funding has caused limitations to the Council's operations and effectiveness. Some examples include:

- The Board and Council share the same staff and audiovisual equipment for hybrid public meetings, which creates scheduling and staffing challenges, such as the need to schedule public meetings in alternating months and limiting the Council's regular public meetings to 4 a year.
- Lack of funding for community and partner engagement limits the Council's ability to foster coordination and collaboration and center the voices of people throughout the state who are most directly and disproportionately impacted by health disparities and inequities.
- We are unable to develop and maintain a comprehensive communications or community engagement plan. We are unable to hire and retain staff who can help build relationships of trust and open dialogue with partners serving highly impacted communities.
- We are unable to meet throughout the state and hold community forums as often as needed to hear about issues and strategies from most impacted communities.
- We are unable to consistently provide language translation and interpretation at the needed level to remove language access barriers. This undermines our statutory authority to "recommend initiatives for improving the availability of culturally and linguistically appropriate health literature and interpretative services within public and private health-related agencies."
- We have very limited capacity to engage decision makers, including legislators, outside of periodic reports to share our efforts and recommendations and help advance policy adoption and implementation.
- We have very limited capacity to interact with Tribal governments and Tribal partners on issues of mutual concern.
- HIR staff provide research support when capacity allows but must prioritize HIRs throughout the year and cannot commit to larger projects for the Council.
- Although the Council has tracked and reported on agency implementation of our policy recommendations, we lack research and policy evaluation capacity to do this in a comprehensive way that provides a clearer picture to communities and state decision makers.
- Lack of resources severely limits the number and scope of health topics the Council can work on at any one time.
- When the 1.0 FTE Council Manager is given additional responsibility, such as convening special projects at the direction of the Legislature (e.g., task forces, studies) or activation during a public health emergency (e.g., COVID-19 pandemic), the Council's own work is disrupted or put on hold.
- Since our work is aligned toward justice for all in Washington, the Council needs capacity to better coordinate with key partners such as the Poverty Reduction Working Group, Office of Equity, and Environmental Justice Council.

Community partners have expressed that equitable policies and outcomes require equitable processes, meaning our work must center the experiences and voices of people most impacted by health disparities and inequities. The Legislature recently adopted the following bills intended to remove participation barriers and improve equity in government processes, however the Council does not have the resources to meaningfully implement them:

- 2SSB 5793 (Chapter 245, Laws of 2022) - Concerning stipends for low-income or underrepresented community members of state boards, commissions, councils, committees, and other similar groups.
- ESHB 1329 (Chapter 115, Laws of 2022) - Public meeting accessibility and participation.

Significance of Health Equity Investment

People experience unfair, unjust, and avoidable differences in health outcomes (i.e., health inequities) when they do not have adequate power, opportunities, access, and resources to pursue optimal health. Studies indicate that medical care only accounts for 20% of variation in health outcomes and the other 80% are due to the social determinants of health (SDOH).^[2] SDOH are the broad social, economic, environmental, and other conditions that impact health outcomes, such as air quality, housing, transportation, education, wages and economic conditions, nutrition, and exposure to discrimination and racism.

Health inequities cost us all and have a large, *avoidable* financial toll on our state and country. According to studies, “Health inequities exist for racial and ethnic minorities and persons with lower educational attainment due to differential exposure to economic, social, structural, and environmental health risks and limited access to health care.”^[3] Nationally, health inequities lead to “delayed care, access barriers, missed diagnoses and limited access to preventive services and scientific advances” that result in roughly \$42 billion in lost productivity each year.^[4] According to the 2022 Black Well-Being Report, “Research shows that 30% of medical costs for Black, Hispanic, and Asian Americans are excess costs related to health inequities.”^[5] Additionally, the overall economic burden of health inequities on minoritized racial and ethnic populations has been estimated at \$421-\$451 billion and the economic burden on adults without a 4-year college degree has been estimated at \$940-\$978 billion. These costs come in the forms of “excess medical care expenditures, lost labor market productivity, and the value of excess premature death.”^[6]

^[7]

Crises such as the COVID-19 pandemic and climate change are further impacting the health and wellbeing of Washingtonians, and exacerbating long-standing inequities in our health care, economic, workforce, educational, and additional systems. U.S. life expectancy was already on the decline before the pandemic: from 78.9 to 78.6 years between 2014 to 2017. Research suggests inequities were widening “[d]uring the last half of the 2010s, [as] life expectancy for college-educated persons continued to increase, while life expectancy for adults without a college education decreased.”^[8] The pandemic’s generational impacts include “profound effects on the Washington labor market”^[9] and the most significant decline in life expectancy in the U.S. in the past century: “overall U.S. life expectancy declined by 2.7 years between 2019 and 2021, American Indian and Alaskan Native (AIAN) people experienced a decline of 6.6 years, Hispanic people and Black people dropped 4.2 and 4 years, respectively, compared to a decline of 2.4 years for White people and 2.1 years for Asian people.”^[10] When data are disaggregated, we see that Native Hawaiian and Pacific Islander people in Washington continue to experience much higher rates of COVID-19 contraction, hospitalization, and death compared to white people^[11] due to deeply entrenched health inequities caused by structural racism and other forms of oppression.

These crises show how our state can only be as healthy as our marginalized and most vulnerable populations, including but not limited to immigrants, refugees, people with disabilities, women, people who identify as LGBTQIA2S+, veterans, people with limited English proficiency, rural communities, people experiencing poverty or economic exploitation, Indigenous communities, and communities of color. A University of Washington assessment conducted during the pandemic shows that “[f]armers, ranchers and growers in eastern Washington, and [Black, Indigenous, and people of color (BIPOC) farmers] and military veteran farmers, tended to experience a greater financial impact compared to other food producers in the state” while “[f]armers were already facing other challenges, from worker shortages to wildfires and heat waves related to climate change.”^[12]

With adequate resources, the Council can provide policy coordination and leadership to help Washington respond to these health crises with strategies that are equal in scope and timeliness. Beyond survival and closing gaps, investment in the Council will also move our government toward systems that support optimal health and wellbeing for all Washingtonians.

PROPOSED SOLUTION

Provide the Council with \$1,902,000 million per year (ongoing GF-S) in funding for staffing and other costs of running an interagency workgroup, so we can be fully effective at meeting our statutory requirements and no longer overstretch the State Board of Health's resources. We are also submitting agency request legislation to update our name and membership and clarify our authority and duties, and implementation of those changes is only possible with this requested base funding.

The Council's current funding provides for 1.0 FTE WMS 2 (Council Manager). This position needs to be maintained to manage Council operations, including the budget and bylaws.

- Provide strategic direction, technical advice, and councilmember support.
- Direct public meetings and provide direction to staff on research and policy development.
- Serve as the Council's Tribal Liaison and assure government-to-government statutory responsibilities.
- Build and maintain relationships with the Governor's Office, legislators, agency directors, and public and private partners. Collaborate with the Environmental Justice Council, the State Poverty Reduction Working Group, the State Office of Equity, and other state agencies, boards, and commissions.
- Ensure all reporting requirements are met.

The Council requests the following new 9.0 FTE beginning in FY25 (ongoing):

- 1.0 FTE WMS 1 (Partnerships and Engagement Lead)
 1. Develop, maintain, and implement a comprehensive community engagement strategy.
 2. Build sustained relationships with community organizations, public and private sector partners, and governmental entities working on health equity initiatives.
 3. Collaborate with other staff to organize inclusive, accessible public meetings and other events. This includes organizing language interpretation and translations for all major events and as requested by participants.
 4. Collaborate with Community Engagement Coordinators (MA 4) and the Communications Manager (CC 5) to build and maintain an information loop with partners.
 5. Engage partners in the private, public, and governmental sectors, as well as community organizations, "for and by organizations," and community members to gather information and data to inform the Council's recommendations and reports.
 6. Support the Council Manager (WMS 2) with tribal relations (e.g., consultation) and formal communications with Tribes.
 7. Collaborate with the Council Manager (WMS 2) and Community Engagement Coordinators (MA 4) to provide navigation and support to community members serving on the Council and its advisory committees.
 8. Collaborate with the Epidemiologist (Epi 2) to ensure quantitative and qualitative data gathered through community and partner engagement are incorporated in Council reports and other products to inform communities, state agencies, the Governor, and the legislature.
 9. Assist with Council strategic plans.
- 3.0 FTE MA 4 (Community Engagement Coordinators)
 1. Along with the Partnerships and Engagement Lead (WMS 1), implement the comprehensive community engagement strategy and provide geographic and sectoral coverage for partner and community engagement.
 2. Engage partners across the state in the private, public, and governmental sectors, as well as community organizations, "for and by organizations," and community members to gather information and data to inform the Council's recommendations and reports.
 3. Collaborate with the Communications Manager (CC 5) to create culturally and linguistically appropriate messages and disseminate them through strategic channels (e.g., websites, social media, radio, flyers) to reach focus populations.

4. Collaborate with other staff to organize inclusive, accessible public meetings and other events.
 5. Provide staff support for advisory committees and participatory methods, such as collaboratives or community assemblies, to support in gathering information and developing policy priorities, and recommendations.
 6. Provide navigation and support to community members serving on the Council and its advisory committees.
 7. Maintain partnerships and share information with community-based organizations that serve under-resourced, neglected, or marginalized communities in various geographic locations. Serve as the main contact to these organizations, sharing information about the Council's efforts, providing support with policy navigation, and meeting periodically or attending the organization's events to gather information to inform the Council's policy recommendations and reports.
 8. Collaborate with the Data and Evaluation Epidemiologist (Epi 2) to ensure quantitative and qualitative data gathered through community and partner engagement are incorporated in Council reports and other products to inform communities, state agencies, the Governor, and the legislature.
- 1.0 FTE Epidemiologist 2 (non-medical)
 1. Initiate research and evaluation projects, generate reports, and create dashboards at the direction of the Council and the Council Manager.
 2. Analyze various data sets, including but not limited to health care and public health data, to identify disparate impacts of positive and negative social determinants of health on populations.
 3. Gather quantitative and qualitative data and present data to the Council to inform decision making and policy recommendations.
 4. Collaborate with Council Health Policy Analysts (MA 5), state agencies, and various partners to develop and utilize reporting and analytic models.
 5. In collaboration with Council Health Policy Analysts (MA 5), state agencies, Tribal partners, academic institutions, and community organizations, explore and incorporate decolonized research, data, and other information gathering methods in Council operations.
 6. Assist with Council strategic plans.
 - 2.0 FTE MA 5 (Health Policy Analysts)
 1. Provide staff support for Council meetings, advisory committee meetings, and participatory activities that engage diverse communities throughout the state.
 2. Conduct multisectoral research and analysis, including legislative analysis, at the direction of the Council and Council Manager (WMS 2).
 3. Facilitate interagency and cross-sector coordination and information sharing through support of Council meetings, advisory committee meetings, public hearings, research, inquiries, etc.
 4. Collaborate with partners in government, academia, the private and public sectors, and community-based organizations to collect quantitative and qualitative data for incorporation in Council recommendations and reports.
 5. Support the Council Manager in drafting, revising, and submitting the Council's reports and other products based on guidance and feedback from Council members and partners.
 6. Collaborate with staff at various state agencies, the Legislature, and the Governor's Office to track implementation of policies and laws.
 7. Provide policy navigation support to community-based organizations as a means of coordination and information sharing.
 - 1.0 FTE CC 5 (Communications Manager – Spanish bilingual)
 1. Develop, maintain, and implement a comprehensive communications strategy.
 2. Collaborate with other staff to engage communities with limited English proficiency (LEP) and understand their needs for language access when interacting with the Council, as well as communities with disabilities to understand their needs for disability access, and develop and implement strategies and tools to meet those needs.
 3. Collaborate with the Partnerships and Engagement Lead (WMS 1) and Community Engagement Coordinators (MA 4) to: build and maintain an information loop with partners; and create culturally and linguistically appropriate messages and disseminate them through strategic channels (e.g., websites, social media, radio, flyers) to reach focus populations.
 4. Support the Council Manager (WMS 2) with communications when interacting with Tribes (e.g., Dear Tribal Leader Letters, formal consultation).
 5. Maintain and update the Council's website, including meeting materials page and repository for Council reports and recommendations. Maintain the Council's email inbox, social media accounts, and other communications tools.
 6. Advise the Council Manager (WMS 2) on communications strategy and talking points for high profile, crisis, and additional situations.
 7. Coordinate AV equipment setup and maintenance for various types of meetings (regular public meetings, advisory committee meetings, community forums, etc.).
 8. Serve as the Council's media contact.

- 1.0 FTE AA 4 (Administrative Coordinator)
 1. Coordinate procurements and contracts for event facility rentals, catering, purchases, language translation and interpretation, and other goods and services for Council operations.
 2. Coordinate travel logistics (e.g., flight and hotel reservations) and reimbursements for staff, Council members, and advisory committee members.
 3. Coordinate workgroup member stipends and reimbursements in accordance with 2SSB 5793 (Chapter 245, Laws of 2022) and other guidelines. Provide close support to workgroup members, including with needed documentation, so they can successfully participate in Council activities.
 4. Provide support for Council meetings, subcommittee meetings, and other events (e.g., AV equipment, notetaking, setup and teardown).
 5. Collaborate with the Communications Manager (CC 5) to set up and maintain AV equipment for various types of meetings.
 6. Assist the Council Manager (WMS 2) in creating regular public meeting and subcommittee meeting agendas.

Funding will also support Council operations in the following ways:

- Organization of regular public meetings, advisory committee meetings, and community forums each year in geographically diverse locations.
- Provision of language assistance services (e.g., materials translation and language interpretation).
- A remote meeting option to reduce participation barriers for the public.
- Coverage of costs related to travel, lodging, meals, and adult and child care to reduce participation barriers for people with lived experience and lower income.
- Compensation of community members and partners for their time and expertise.
- Professional training and facilitation to support workgroup members and Council staff.
- Legal consultation through the Attorney General's Office.

EXPECTED RESULT

Funding this request will result in the Governor's Interagency Coordinating Council on Health Disparities being able to fulfill our statutory requirements and support Washington in eliminating health inequities. The Council would have adequate staffing and resources to hold public meetings, conduct research and analysis, engage partners and community members to share information and coordinate strategies, develop policy recommendations, create reports to the Legislature and Governor, among other mandated duties. The State Board of Health's budget would no longer be overstretched.

[1] <https://www.ncbi.nlm.nih.gov/books/NBK425845/>

[2] <https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/>

[3] https://jamanetwork.com/journals/jama/fullarticle/2804818?guestAccessKey=d0ef4664-62ff-4b6d-a816-c450ebc07a08&utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tf1&utm_term=051623

[4] <https://www.ama-assn.org/delivering-care/health-equity/inequity-damages-health-and-drains-economy#:~:text=The%20Deloitte%20Health%20Equity%20Institute%20report%20says%20health%20inequities%20account,and%20%24.4%20billion%20treating%20>

[5] <https://www.blackfuturewa.org/blackwellbeing>

[6] https://jamanetwork.com/journals/jama/fullarticle/2804818?guestAccessKey=d0ef4664-62ff-4b6d-a816-c450ebc07a08&utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tf1&utm_term=051623

[8] <https://jamanetwork.com/journals/jama/fullarticle/2804818?guestAccessKey=d0ef4664-62ff-4b6d-a816->

c450ebc07a08&utm_source=For_The_Media&utm_medium=referral&utm_campaign=fim_links&utm_content=tf&utm_term=051623

[9] <https://esd.wa.gov/labormarketinfo/covid-19-economic-data>

[10] <https://www.kff.org/racial-equity-and-health-policy/press-release/recent-widening-of-racial-disparities-in-u-s-life-expectancy-was-largely-driven-by-covid-19-mortality/>

[11] <https://doh.wa.gov/sites/default/files/2022-02/COVID-19MorbidityMortalityRaceEthnicityLanguageWAState.pdf>

[12] <https://sph.washington.edu/news-events/sph-blog/farm-to-table-covid19>

Reliance on 1.0 FTE Council Manager for all Council operations has prevented the Council from fully meeting our statutory intent and requirements.

With only 1.0 FTE dedicated staff, the Council does not have capacity to seek and sustain additional funding through federal grants and other sources.

The Council is unique in structure and responsibilities. Although state agencies are working to expand their community engagement efforts and incorporate equity considerations in policy development, no one agency can fully address health inequities that are structural and cut across multiple sectors. This interagency council is uniquely situated in government to provide coordinated health equity expertise and strategies.

Assumptions and Calculations

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

The Council's current funding provides for 1.0 FTE WMS 2 (Council Manager), who is responsible for all Council operations. This position needs to be maintained to manage Council operations, including the budget and bylaws. This position would:

- Provide strategic direction, technical advice, and councilmember support.
- Direct public meetings and provide direction to staff on research and policy development.
- Serve as the Council's Tribal Liaison and assure government-to-government statutory responsibilities.
- Build and maintain relationships with the Governor's Office, legislators, agency directors, and public and private partners. Collaborate with the Environmental Justice Council, the State Poverty Reduction Working Group, the State Office of Equity, and other state agencies, boards, and commissions.
- Ensure all reporting requirements are met.

Detailed Assumptions and Calculations:

This package is a placeholder until the council votes.

NEW STAFF POSITIONS (9.0 FTE ongoing)

- 1.0 FTE WMS 1 (Partnerships and Engagement Lead)
- 3.0 FTE MA 4 (Community Engagement Coordinators)
- 1.0 FTE Epidemiologist 2 (non-medical)
- 2.0 FTE MA 5 (Health Policy Analysts)
- 1.0 FTE CC 5 (Communications Manager – Spanish bilingual)
- 1.0 FTE AA 4 (Administrative Coordinator)

MEETINGS AND CONVENINGS = \$77,350/year total (ongoing)

- Assumptions: 10 meetings/year. 35 known participants at each meeting; breakfast and lunch catering at each meeting.
 1. 4 regular public meetings (1 in Bellingham, 1 in Olympia/Tumwater/Lacey, 1 in Spokane, 1 in Yakima Valley)
 2. 6 subcommittee meetings and community forums (1 in Olympia/ Lacey/ Tumwater, 1 in Tacoma, 1 in Seattle, 1 in Bellingham, 1 in Spokane, 1 in Yakima Valley)
- **Facility rental and catering for regular/advisory committee meetings = \$31,250/year**
 1. 2 Bellingham meetings: \$2,600 rental + \$2,170 catering = \$4,770
 2. 2 Olympia meetings: \$2,600 rental + \$2,660 = \$5,260
 3. 2 Spokane meetings: \$2,600 rental + \$2,660 = \$5,260
 4. 2 Yakima Valley meetings: \$2,600 rental + \$2,170 catering = \$4,770
 5. 1 Tacoma meeting: \$2,900 rental + \$2,520 = \$5,420
 6. 1 Seattle meeting: \$2,900 rental + \$2,870 = \$5,770
- **Staff travel, lodging, per diem = \$45,600/year**
 1. Regular meetings: 10 staff x 4 meetings x \$600/person = \$24,000/year
 2. Additional events (advisory committees, community forums, etc.): 6 staff x 6 meetings x \$600/person = \$21,600/year
- **Zoom subscriptions = \$500/year**

COMMUNITY COMPENSATION = \$132,600/year total (ongoing)

- **Stipends = \$61,600/year total**
 1. 7 core members (3 ethnic commissions, GOIA, 3 community members) x \$200/day x 14 days/year = \$19,600/year
 2. 15 advisory committee members x \$200/day x 14 days/year = \$42,000/year
- **Travel, lodging, per diem, additional reimbursement = \$44,000/year**
 1. Airfare, mileage, lodging, per diem, child and adult care reimbursement
 2. 22 eligible members x \$500/person x 4 meetings on average = \$44,000/year
- **Gift cards for engagement events = \$27,000/year**
 1. Community forums: \$50/participant x 50 participants x 2 events = \$5,000/year
 2. Listening/participatory/focus sessions: \$50/participant x 20 participants x 8 sessions = \$6,000/year
 3. Smaller meetings: \$50/participant x 8 participants x 40 meetings/year = \$16,000/year

Note: Our agency request legislation would add the LGBTQ Commission and 4 additional community member seats on the Council. We would require an additional \$24,000/year to provide support with travel costs and compensation for these additional members. The total for community compensation would be \$156,600/year (ongoing) with the ARL, which is already included in our request for \$1,902,000/year of base funding.

LANGUAGE ACCESS (INTERPRETATION AND TRANSLATION) = \$172,000/year total (ongoing)

- **In-person and online interpretation for 10 hybrid meetings = \$132,000/year**
 1. ASL and Spanish interpretation for all meetings: \$4,400/language x 2 languages x 10 meetings = \$88,000/year
 - 2 ASL interpreters in-person + 2 ASL interpreters online + 2 Spanish interpreters in-person + 2 Spanish interpreters online
 2. Providing 2 additional languages for select meetings: \$4,400/language x 2 languages x 5 meetings = \$44,000/year
- **Materials translation = \$40,000/year**
 1. Spanish translation for 10 meetings: \$1,000/meeting x 10 meetings = \$10,000/year
 2. Translation for 2 additional languages for select meetings: \$1,000/meeting x 2 languages x 5 meetings = \$10,000/year
 3. Translation for websites and other communications in various languages = \$20,000/year

ADDITIONAL GOODS AND SERVICES = \$35,000 (one-time) and \$10,000/year (ongoing)

- **AV equipment for hybrid public meetings = \$35,000 one time**
 1. AV consultation and training = \$10,000 (one time)
 2. Hybrid AV equipment for public meetings and community engagement = \$25,000 (one time)
- **Contract for professional training and facilitation = \$10,000/year ongoing**

ASSISTANT ATTORNEY GENERAL (AAG) = \$12,000/year (ongoing)

- 100 hours of AAG time/year
 1. Advice on the Open Public Meetings Act (OPMA)
 2. Seek information on statutory authorities and limitations, etc. to inform policy development
 3. Review policy recommendations for statutory alignment
 4. Consultation as issues arise

COMMUNITY COMPENSATION = \$156,600/year

- **Stipends = \$75,600/year total**
 - 12 core members (3 ethnic commissions, GOIA, LGBTQ Commission, 7 community members) x \$200/day x 14 days/year = \$33,600/year

- **Travel, lodging, per diem, additional reimbursement = \$54,000/year**
 - Airfare, mileage, lodging, per diem, child and adult care reimbursement
 - 27 eligible members x \$500/person x 4 meetings on average = \$54,000/year

Workforce Assumptions:

- 1.0 WMS01 – \$137,783 (salary and benefits)
- 3.0 Management Analyst 4 – \$362,272 (salary and benefits)
- 2.0 Management analyst 5 – \$263,662 (salary and benefits)
- 1.0 Epidemiologist 2 (non-medical) – \$140,907 (salary and benefits)
- 1.0 Communications Consultant 5 – \$126,206 (salary and benefits)
- 1.0 Administrative Assistant 4 – \$89,727 (salary and benefits)

Estimated expenditures 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:

Fully resourcing the Council would support a symbiotic relationship with **all five goal areas** of the Governor’s Results Washington priorities because:

- Individual and community health are at the foundation of all personal and societal activities; and
- The Council considers the social determinants of health in its policy development, which include the social, economic, environmental, and other factors that impact a person’s and community’s health.

Goal 1: World-class Education

- Educational opportunities are denied when families face health inequities, such as residential segregation, unemployment, substandard housing and school facilities, limited access to healthy foods, limited resources and services, limited transportation, concentrated pollution, and inadequate access to quality medical care.[\[1\]](#)

- Developing, graduating, and retaining a diverse workforce are essential to improving access to high-quality, culturally and linguistically appropriate care for underserved populations experiencing inequities.

Goal 2: Prosperous Economy

- Health inequities “are a drain on the economy,” having a huge and avoidable cost on our state and country.[2] Inequities cause billions of dollars in lost productivity and lead to approximately \$1.3 trillion in direct and indirect costs annually in the U.S.[3],[4],[5]
- The COVID-19 pandemic’s severe negative impact on Washington’s labor force and economy underscores the intrinsic connection between health equity and collective economic resilience.

Goal 3: Sustainable Energy & Clean Environment

- Exposure to environmental hazards, access to green spaces, air quality, and resilience against extreme heat are social determinants of health. As a community partner shared with us, “Who can [afford to] live in a home that has cooling in summer and heating in winter—it’s not just an environmental issue, it’s an equity and health issue.”

Goal 4: Healthy & Safe Communities

- Council efforts focus on increasing access to quality and culturally and linguistically appropriate healthcare. As a community partner expressed, “Having access to healthcare would prevent so much illness.”
- Beyond healthcare, the Council’s recommendations extend to other social determinants of health. With adequate resources, the Council can be more responsive to incorporating health and safety priorities identified by Washington’s communities.

Goal 5: Efficient, Effective, & Accountable Government

- With increased resources, the Council can further de-silo state agency efforts to make greater collective impact on addressing health disparities/inequities; help improve accountability to communities; collect qualitative and quantitative data to highlight inequities, assets, and resilience; and more comprehensively track policy adoption and implementation.

[1] https://www.apha.org/-/media/files/pdf/factsheets/health_and_educational_equity.ashx

[2] [https://www.ama-assn.org/delivering-care/health-equity/inequity-damages-health-and-drains-economy#:~:text=The%20Deloitte%20Health%20Equity%20Institute%20report%20says%20health%20inequities%20account,and%20%242.4%20billion%20treating%](https://www.ama-assn.org/delivering-care/health-equity/inequity-damages-health-and-drains-economy#:~:text=The%20Deloitte%20Health%20Equity%20Institute%20report%20says%20health%20inequities%20account,and%20%242.4%20billion%20treating%20)

[3] [https://www.ama-assn.org/delivering-care/health-equity/inequity-damages-health-and-drains-economy#:~:text=The%20Deloitte%20Health%20Equity%20Institute%20report%20says%20health%20inequities%20account,and%20%242.4%20billion%20treating%](https://www.ama-assn.org/delivering-care/health-equity/inequity-damages-health-and-drains-economy#:~:text=The%20Deloitte%20Health%20Equity%20Institute%20report%20says%20health%20inequities%20account,and%20%242.4%20billion%20treating%20)

[4] <https://www.blackfuturewa.org/blackwellbeing>

[5] https://jamanetwork.com/journals/jama/fullarticle/2804818?guestAccessKey=d0ef4664-62ff-4b6d-a816-c450ebc07a08&utm_source=For_The_Media&utm_medium=referral&utm_campaign=fim_links&utm_content=tf&utm_term=051623

Performance Outcomes:

Provide all administrative and staff support for the Governor’s Interagency Coordinating Council on Health Disparities as created in RCW 43.20.270 through 43.20.280.

Public meetings and other convenings

- Increase the number of regular public meetings, subcommittee meetings, and community forums to a total of 10 or more per year.
- Diversify the geographic location of meetings to periodically include at least the North Sound, King County, Pierce County, the South Puget Sound, the Yakima Valley, and Spokane area.
- Provide a remote option, ASL interpretation, Spanish interpretation, materials translation, staff support, and community member compensation for approximately 10 meetings (regular, advisory committee, community forum) per year.
- Increase the number of public participants at each Council meeting, including people who speak a language other than English.

Research, analysis, and information gathering

- Ensure the Council can meet its statutory requirement of providing updates every two years and progress reports every four years to the Governor and Legislature (based on current statute).
- Increase the amount and quality of qualitative and quantitative data on health disparities/inequities the Council considers in its policy development and includes in each report.
- Increase the complexity and impact of health topics selected as priorities.
- Include information on policy adoption and implementation in each progress report.

Community/partner outreach and engagement

- Increase the number of new contacts made with community-based, academic, private, and public partners working on health disparities/equity at the local, state, and national levels.
- Increase repeated interactions with focus partners working on health disparities/equity, particularly organizations serving communities of color and additional marginalized communities.
- Create periodic Council communications (e.g., newsletter, social media messages, videos) to share our mission, priorities, and current specific efforts.
- Increase the number of webpages and meeting materials that are translated to at least Spanish.
- Increase the number of events Council staff attend to learn about partners’ missions, efforts, and areas for possible alignment, including key partners in government.

Government-to-Government Relations

- Send Dear Tribal Leader letters when beginning work on a substantial topic and engage in formal Tribal consultation when requested.
- Provide a written update for and attend the annual Centennial Accord meeting.

Governmental outreach

- Increase the number of relevant state agencies participating on each health topic (e.g., through an advisory committee).
- Provide a briefing to the Governor’s Office and relevant legislative committees/staff at least once every biennium.
- Council staff meet with key staff partners at least once quarterly to share information, coordinate, and find alignment (Environmental Justice Council, Poverty Reduction Working Group, Office of Equity).

Equity Impacts

Community outreach and engagement:

This past year, the Council conducted a redesign project to review and recommend updates to our authorizing statute, which was open for public participation. Early on, we asked participants about limitations to the Council's work. Some responses included: lack of funding for community engagement; limited staffing and time; lack of geographical and cross-state representation; and lack of visibility and understanding of the Council's work among decision makers.

In addition to hosting redesign workshops open to the public, we did focused community partner engagement in Summer 2023 to learn how the Council could better align with partners' visions and priorities and better engage with partners and the communities they serve (see attached report). We prioritized organizations working with communities who often experience systemic racism, social and economic exclusion, discrimination, exploitation, and other forms of oppression. These organizations support or organize Black and Brown, rural, LGBTQIA2S+, immigrant, refugee, and economically marginalized communities.

We heard:

- “You can have the best intention or the best idea, but that’s not enough. Staff, offices, programs need resources. If you don’t give significant resources to the people who can make the change, then it’s just talk and games.”
- “Invest in knowing your partners.”
- “Hybrid meetings are challenging, but it’s the only way some can participate.”
- “It would make a whole world of difference if someone from the government would show up where we are to share your work and vision.”

Specifically, partners emphasized the importance of the Council having staffing and other resources to create long-term, reciprocal relationships; implementing equitable processes and inclusive convenings; sharing relevant and timely information through culturally and linguistically appropriate channels; and creating meaningful impact on governmental systems.

Overall, input from community partners was incorporated in our agency request legislation to update the Council's authorizing statute as well as this decision package.

Disproportional Impact Considerations:

At this time, we do not expect anyone has been excluded or will be further marginalized by this proposal. However, if inequities arise, the Council will work with Tribes, community partners, and state agencies to address them.

Target Populations or Communities:

Fully resourcing the Council would allow us to more effectively support state government in addressing health inequities, thereby benefiting all Washingtonians.

The Council is required by statute to create a state action plan and policy to eliminate health disparities by race/ethnicity and gender. Community partners have consistently encouraged the Council to address upstream structural inequities in our systems (e.g., racism, sexism, ableism, discrimination) that cause poor health outcomes downstream. Therefore, the Council's policy recommendations focus on addressing inequities that disproportionately impact Black, Indigenous, and People of Color (BIPOC) communities, women, transgender people, non-binary people, people experiencing poverty, rural communities, people with limited English proficiency, veterans, refugees and immigrants, people with disabilities, youth, LGBTQIA2S+ communities, and additional marginalized Washingtonians who experience unfair, unjust, and avoidable health disparities.

In alignment with Executive Order 22-04 [Implementing the Washington State Pro-Equity Anti-Racism (PEAR) Plan & Playbook], this proposal furthers equity in governmental systems and laws, health and human services, and state and local practices.

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

Fully resourcing the Council would support Council compliance with statutory requirements in Chapter 43.376 RCW (Government-to-Government relationship with Indian Tribes).

The following state agencies, boards, and commissions are members of the Council, as mandated by RCW 43.20.275:

- State Board of Health
- Department of Health
- Department of Social and Health Services
- Department of Commerce;
- Health Care Authority;
- Department of Agriculture;
- Department of Ecology;
- Office of the Superintendent of Public Instruction;
- Department of Children, Youth, and Families;
- Workforce Training and Education Coordinating Board
- Commission on African American Affairs
- Commission on Asian Pacific American Affairs
- Commission on Hispanic Affairs
- Governor's Office on Indian Affairs

Over the past year, all appointed members have had the opportunity to participate in the Council's redesign by reviewing and recommending updates to our authorizing statute (RCW 43.20.270 through RCW 43.20.280). Our agency request legislation retains this membership and also adds the WA State LGBTQ Commission, who supports the addition.

The Council seat for the Office of Superintendent of Public Instruction has been vacant since late 2021. Council staff shared Council redesign information and plans for agency request legislation with select OSPI leadership, including the Government Relations Director.

Stakeholder Response:

N/A

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

Reference Documents

[2024 DP_Health Disparities Council_community partner feedback.pdf](#)

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	\$0	\$827	\$827	\$827	\$827	\$1,654
Obj. B	\$0	\$292	\$292	\$292	\$292	\$584
Obj. E	\$0	\$599	\$599	\$599	\$599	\$1,198
Obj. G	\$0	\$100	\$100	\$100	\$100	\$200
Obj. J	\$0	\$35	\$35	\$0	\$0	\$0
Obj. T	\$0	\$84	\$84	\$84	\$84	\$168

Agency Contact Information

Kristin Bettridge
 (360) 236-4126
kristin.bettridge@doh.wa.gov