

RCW 43.70.595 Health equity zones. (1) Subject to the availability of amounts appropriated for this specific purpose, the department, in coordination with the governor's interagency council on health disparities, local health jurisdictions, and accountable communities of health, must share and review population health data, which may be related to chronic and infectious diseases, maternal birth complications, preterm births and other newborn health complications, and any other relevant health data, including hospital community health needs assessments, to identify, or allow communities to self-identify, potential health equity zones in the state and develop projects to meet the unique needs of each zone. The department must provide technical support to communities in the use of data to facilitate self-identification of health equity zones.

(2) Communities' uses of data must align with projects and outcomes to be measured in self-identified zones.

(3) The department must use the first 12 months following July 25, 2021, to develop a plan and process to allow communities to implement health equity zone programs statewide. The department has authority to determine the number of health equity zones and projects based on available resources.

(4) Communities that self-identify zones or the department must notify relevant community organizations in the zones of the health equity zone designation and allow those organizations to identify projects to address the zone's most urgent needs related to health disparities. Community organizations may include, but are not limited to:

- (a) Community health clinics;
- (b) Local health providers;
- (c) Federally qualified health centers;
- (d) Health systems;
- (e) Local government;
- (f) Public school districts;
- (g) Recognized American Indian organizations and Indian health organizations;
- (h) Local health jurisdictions; and
- (i) Any other nonprofit organization working to address health disparities in the zone.

(5) Local organizations working within zones may form coalitions to identify the needs of the zone, design projects to address those needs, and develop an action plan to implement the projects. Local organizations may partner with state or national organizations outside the specific zone designation. Projects may include, but are not limited to:

- (a) Addressing health care provider access and health service delivery;
- (b) Improving information sharing and community trust in providers and services;
- (c) Conducting outreach and education efforts; and
- (d) Recommending systems and policy changes that will improve population health.

(6) The department must provide:

- (a) Support to the coalitions in identifying and applying for resources to support projects within the zones;
- (b) Technical assistance related to project management and developing health outcome and other measures to evaluate project success; and
- (c) Subject to availability, funding to implement projects.

(7) Subject to the availability of amounts appropriated for this specific purpose, by December 1, 2023, and every two years thereafter, the department must submit a report to the legislature detailing the projects implemented in each zone and the outcome measures, including year-over-year health data, to demonstrate project success.

(8) For the purposes of this section "health equity zone" or "zone" means a contiguous geographic area that demonstrates measurable and documented health disparities and poor health outcomes, which may include but are not limited to high rates of maternal complications, newborn health complications, and chronic and infectious disease, is populated by communities of color, Indian communities, communities experiencing poverty, or immigrant communities, and is small enough for targeted interventions to have a significant impact on health outcomes and health disparities. Documented health disparities must be documented or identified by the department or the centers for disease control and prevention. [2021 c 262 s 2.]

Findings—Intent—2021 c 262: "(1) The legislature finds that people of color, Indian, people experiencing poverty, and immigrant populations experience significant health disparities compared to the general population, including more limited access to health care and poorer health outcomes. The legislature finds that these circumstances result in higher rates of morbidity and mortality for persons of color and immigrant populations than observed in the general population.

(2) Therefore, the legislature intends to create health equity zones to address significant health disparities identified by health outcome data. The state intends to work with community leaders within the health equity zones to share information and coordinate efforts with the goal of addressing the most urgent needs. Health equity zone partners shall develop, expand, and maintain positive relationships with communities of color, Indian communities, communities experiencing poverty, and immigrant communities within the zone to develop effective and sustainable programs to address health inequity." [2021 c 262 s 1.]