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## Health Care & Wellness Committee

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### E2SSB 5052

**Brief Description:** Concerning the creation of health equity zones.

**Sponsors:** Senate Committee on Ways & Means (originally sponsored by Senators Keiser, Randall, Cleveland, Conway, Das, Frockt, Hasegawa, Kuderer, Lovelett, Nguyen, Nobles, Robinson, Saldaña, Salomon and Wilson, C.).

<p><b>Brief Summary of Engrossed Second Substitute Bill</b></p> <ul style="list-style-type: none"><li>• Allows areas with health disparities and poor health outcomes to be designated as health equity zones.</li></ul>
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**Hearing Date:** 3/15/21

**Staff:** Jim Morishima (786-7191).

**Background:**

Several state agencies and entities are charged with addressing health disparities. For example, the Governor's Interagency Coordinating Council on Health Disparities is tasked with promoting and facilitating communication, coordination, and collaboration among relevant state agencies and communities of color, as well as the private and public sectors, to address health disparities. The Department of Health also tracks health disparities using a mapping tool through which information by location may be obtained, including information on health outcomes, social determinants of health, and economic determinants of health.

**Summary of Engrossed Second Substitute Bill:**

Subject to appropriated funds, the Department of Health (DOH), in coordination with the Governor's Interagency Coordinating Council on Health Disparities, local health jurisdictions,

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and accountable communities of health, must share and review population health data to identify, or allow communities to self-identify, potential health equity zones and develop projects to meet the needs of each zone. The DOH must develop a plan and process to allow communities to implement health equity zones statewide and may determine the number of zones and projects based on available resources.

A health equity zone is defined as a contiguous geographic area that demonstrates measurable and documented health disparities and poor health outcomes, including high rates of maternal complications, newborn health complications, and chronic and infectious disease, which must be documented or identified by the DOH or the federal Centers for Disease Control and Prevention. A zone must be populated by communities of color, urban Indian communities, or immigrant communities and must be small enough for targeted interventions to have a significant impact on health outcomes and health disparities.

The DOH must provide technical support to communities in the use of data to facilitate self-identification of health equity zones. Communities' data use must align with projects and outcomes to be measured in self-identified zones. The data may relate to chronic and infectious diseases, maternal birth complications, preterm births and other newborn health complications, and any other relevant health data.

When a health equity zone is designated, relevant community organizations must be notified and must be allowed to identify projects to address the zone's most urgent needs related to health disparities. Such community organizations may include community health clinics, local health providers, federally qualified health centers, health systems, local governments, public school districts, recognized American Indian organizations and urban Indian health organizations, local health jurisdictions, and any other nonprofit organization working to address health disparities in the zone.

Local organizations in a health equity zone 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. The local organizations may also partner with state or national organizations. Projects may include addressing health care provider access and health service delivery, improving information sharing and community trust in providers and services, conducting outreach and education efforts, and recommending systems and policy changes to improve population health.

The DOH must provide support to the coalitions in identifying and applying for resources to support projects in the zones, technical assistance, and funding (if available) to implement projects.

Subject to available funds, the DOH must, by December 31, 2023, and every two years thereafter, 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.

**Appropriation:** None.

**Fiscal Note:** Available. New fiscal note requested on March 12, 2021.

**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.