

FINAL BILL REPORT

E2SSB 5052

C 262 L 21
Synopsis as Enacted

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.).

Senate Committee on Health & Long Term Care
Senate Committee on Ways & Means
House Committee on Health Care & Wellness
House Committee on Appropriations

Background: Health disparities refers to a high burden of illness, injury, disability, or mortality experienced by one group relative to another and are closely related to social, economic, and environmental factors. In Washington State, the Department of Health (DOH) recognizes that many communities experience health inequalities because of their race, culture, identity, or where they live. DOH provides a number of tools to track health disparities across the state through its Washington Tracking Network, including the Washington Environmental Health Disparities Map, data dashboards, and query portal. The dashboards and portal allow a person to explore public health and environmental data by type of measure, geography, and timeframe. The health disparities map is an interactive map that ranks the cumulative risk each community faces from environmental factors that influence health outcomes. State and local agencies can use these tools to compare different communities statewide and identify specific community needs.

Summary: Subject to funding, DOH, in coordination with the Governor's Interagency Council on Health Disparities, local health jurisdictions, and accountable communities of health, must share and review relevant health and population data 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. Relevant health data may be related to chronic and infectious diseases, maternal birth complications, pre-term births and other newborn health complications, and any other relevant health data, including hospital community health

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needs assessments. DOH must provide technical support to communities in the use of data to facilitate self-identification of health equity zones. Communities' use of data must align with projects and outcomes to be measured in self-identified zones.

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 DOH or the federal Centers for Disease Control and Prevention. A zone must be populated by communities of color, Indian communities, communities experiencing poverty, or immigrant communities and must be small enough for targeted interventions to have a significant impact on health outcomes and health disparities.

Following the effective date, DOH must use the first 12 months to develop a plan and process to allow communities to implement health equity zone programs statewide and may determine the number of zones and projects based on available resources.

After a zone has been identified, communities that self-identify zones or DOH must notify relevant community organizations in the health equity zone to identify projects to address the zone's most urgent needs related to health disparities. 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 Indian health organizations, local health jurisdictions, and any other nonprofit organization working to address health disparities in the zone. Organizations within the zone may form a coalition 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 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.

DOH must provide support to the coalitions in identifying and applying for project resources; technical assistance with project management, project development, and measurement of success; and, subject to availability, funding to implement projects.

Subject to funding allocated specifically for this purpose, by December 1, 2023, and every two years after, DOH 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.

Votes on Final Passage:

Senate	30	17	
House	57	40	(House amended)
Senate	29	20	(Senate concurred)

Effective: July 25, 2021