



Agency Recommendation Summary

The Department of Health requests funding to redress health disparities through an equity and social justice lens promoting equitable policies, systems, investments, services, and engagement, and ensuring the public receives vital public health information in all Washington communities which is understandable, relatable, and influential. This investment increases a community’s ability to self-determine programs and initiatives, and increase public health information, which improve health outcomes. Funding would assist DOH’s Office of Public Affairs and Equity serve as subject matter experts for equity in all public health policies, inclusive and equitable community investments, equitable access to information, services, and meaningful community-centered engagement.

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	63.6	78.0	70.8	78.0	78.0	78.0
Operating Expenditures						
Fund 001 - 1	\$10,828	\$12,538	\$23,366	\$12,538	\$12,538	\$25,076
Total Expenditures	\$10,828	\$12,538	\$23,366	\$12,538	\$12,538	\$25,076

Decision Package Description

Problem:

Historically, governmental public health systems' interaction with communities revolved around temporary funding and interventions resulting in transactional relationships which are void of long-term positive impacts leading to health inequities caused by uneven distribution of the social determinants of health. Through COVID-19, we learned that this type of transactional health provides temporary solutions but ultimately doesn't meet the holistic needs of our most vulnerable communities, ranging from aging adults, rural and minority populations, those who are visual and hearing impairments and so much more. COVID-19 temporary funding has allowed us to meet the need of the community in a way that has not happened before. However, as much as it allowed us to temporary truly meet Washingtonians needs, it also exasperated existing disparities. It is apparent that we need to increase our efforts to meet the growing needs of the community that increased significantly.

Achieving health equity means changing the social, economic, political, and built environments through policy, systems, and environmental change. Advancing public health and adequately addressing the root causes of social and racial inequities which contribute to disparate social and living conditions requires a workforce which reflects the communities harmed. This requires investments in staff who meaningfully engage stakeholders and partners from various communities and sectors to develop initiatives which, through collective action, cultivate shared funding and governance to produce an equitable distribution of services.

The pandemic accelerated DOH’s need to connect, inform and engage with communities meaningfully and effectively in order to help communities and citizens keep themselves safe and healthy. We have a responsibility and a need to continue improving equitable access to information, resources, and services for historically underserved communities.

We are aiming to help reduce health disparities in WA state by increasing our capacity to fulfill our legal requirement of ensuring language access and accessibility through our communications platforms and through direct community engagement via our Community Relations and Equity (CRE) team. Our CRE team will work across the agency to implement policies, procedures, and processes that will allow community engagement ensuring their voices are centered in the way which we approach our work to improve the health and wellbeing of communities across the state.

Health information and education is pivotal to decision making. We must be able to provide accurate health information to individuals in a way that they understand, which will enable them to make informed health decisions. We do not have sufficient permanent staffing levels to accomplish the agency’s translation, community engagement, and communication goals – and the department is fast approaching a situation where the need of the agency stretches beyond our available resources.

In addition to our translation needs and Title VI obligations, we need additional staff support to meet our federally defined section 508 accessibility requirements which allows our information to be available for those who are living with deaf and hearing impairments. While our website and other web applications technically meet WCAG 2.1 accessibility standards when scanned by an automated evaluation tool but are not as comprehensive as industry standards. We do not have a means of performing human-testing, which is crucial in revealing major issues a machine scan can't see so we can ensure that we are meeting our accessibility requirements. This is a disservice to those who have disabilities and are limited English proficiency.

A critical component to strengthening and enhancing public health infrastructure requires an investment in staff which meaningfully engage stakeholders and partners from various communities and sectors to develop initiatives that, through collective action, cultivate shared funding and governance to produce an equitable distribution of services.

Proposal:

We propose establishing sustainable funding to strengthen and enhance the agency’s capacity to provide community-centered and evidence-

based health education, communication and engagement to meet the growing needs to the community that have been exasperated by COVID-19 and increased health disparities. This will transform the way we approach our work and aid in our efforts to reduce health inequities, improve health outcomes, increase access to health information, increase health literacy via alternative communication platforms, increase information in culturally and linguistically appropriate way, and increase our efforts with communities across Washington. Historically, governmental public health systems' interaction with communities has revolved around temporary funding and interventions, resulting in transactional connections that do not have long-term positive impacts. Advancing public health and addressing the root causes of social and racial inequities that contribute to disparate social and living conditions requires investment in fundamental public health practice and a workforce that understands the issues and challenges of the community. The pandemic accelerated DOH's need to connect, inform, and engage with communities meaningfully. We learned through the pandemic that information is power, and much is at stake. It is estimated that [1 in 5 of Washingtonians](#) speak another language in their household. We need to be able to communicate pivotal information with Washingtonians in a way they understand. Through COVID, we learned our multi-prong efforts around health communication reduced vaccine inequities by 30% in historically vulnerable populations. Community engagement, outreach and health communication plays a crucial role at all levels of disease prevention and health promotion, in part because its role is to increase knowledge and awareness of a health issue and influence beliefs and attitudes, as well as show the benefits of behavior change.

We propose adding staff to form a new web equity and translations team, video communications team for diverse audiences, and increase our language capacity on social media. We will have the ability to continue providing accurate and timely information to the public and will:

- Provide web language access and accessibility consultation services
- Support policy revisions and implementation for DOH's Title VI – LEP Non-Discrimination Policy and Equal Access for Individuals with Disabilities Policy
- Operationalize relevant components of the DOH Community Engagement Guide around human/user-testing
- Provide data, evidence and evaluation to help inform planning and decisions impact DOH web, communications, and overall access efforts
- Ensure a “no wrong door” approach to critical public health information and services
- Be better positioned to leverage the DOH website and contribute to in-language urgent communications during current and future emergency situations
- Enhance cross-linking to other in-language content on DOH and partner sites
- Gain and provide accessibility expertise by implementing CLAS and ADA standards into work products
- Process and maintain translated content in a timely fashion so that all Washingtonians have access to vital public health information
- Provide increased cross collaboration with internal units to create, communicate, and implement best practices and requirements for translated and accessible web content

Our efforts will work comprehensively to addressing health equity. However, Community Relations and Equity Team staff infrastructure is needed to achieve the capacity to plan, develop, and implement effective policy, institutional, and community interventions. Sufficient capacity is essential for sustainability, efficacy, and efficiency. It enables the department to plan equity-focused and cross-cutting strategic efforts, provide strong leadership, align with and provide technical support to agency programs, and foster collaboration among state, local and community entities to address the social determinants of health and advance an equitable recovery. The following positions provide a minimum functioning team infrastructure that addresses the 3 core components/branches of the CRE Team approach.

Moving Forward: Continuing the work- COVID-19 has impacted so many individuals and families and worsen the existing health inequities. With the increased limited funding, resources and through supporting communities, we were able to prevent unnecessary illness and death and reduce vaccine inequities. However, as the funding ceases the communities that have relied on DOH to support their needs do not go away. We must continue to support the existing foundation that we have created that have been proven successful. Combined with the realization that COVID-19 is not going away, and in alignment with DOH's transformational plan, the Office of Public Affairs and Equity team centers equity, innovation, and engagement. This proposal is seeking funding to sustain the work that has been led by the Office of Public Affairs and Equity team externally and internally. We propose to expand community engagement and outreach efforts; continuing to manage the community collaborative, Pro-Equity Anti-Racism (PEAR) [Pro-Equity Anti-Racism \(PEAR\) Plan & Playbook](#) community collaborative and continuing to support the Health Equity Zones community collaborative and developing community collaboratives for equitable rule making and policy development. The three areas identified as key priority areas for the Pro-Equity Anti-Racism, a directive from Governor Inslee, are Emergency Management, Human Resources and Legislative Policy and Administrative services. The PEAR requires all government agencies select three priority areas for their key business lines and incorporate community collaboration in those areas. Additionally, we would like to secure funding for technical services provided to all division and programs across the agency. We have received over 6,000 requests for work to lead and or assist other programs with equity initiatives, language access and translations, and policy development, review and implementation. We are currently beyond capacity and are unable to meet the demands of the agency, resulting with over 100 requests going as unassigned or put on hold presently, and limited capacity to take on new requests. This proposal is the best option as it allows for CRE to sustain internal equity and support the divisions and programs that rely on CRE, and external equity efforts related to fostering community partnerships.

The Impact: Centering Communities and Equity - The Office of Public Affairs and Equity teams directly serves all communities at moderate range or above on the Washington State Department of Health Social Vulnerability Index SoVI [WA State Department of Health Social Vulnerability Index](#). This population exceeds 300,000. We also assist with varying aspects of equity initiate development and implementation for communities, as requested by agency divisions and programs. Our Community Relations and Equity (CRE) team coordinates translation and language access services for the entire agency and is the team that is solely responsible for equity reviews for webpage, written materials, communication planning and or other requests for review prior to dissemination to communities. Without the CRE team, there would be a significant loss to the agency regarding community relationship management, engagement and outreach, significantly reduce DOH's ability to reach targeted communities, and unfortunately, divisions and programs do not have the infrastructure to complete the requests for work that are typically made to the CRE team.

Funding will allow for the DOH to sustain internal and external equity efforts and ensure that DOH continues to meet the equity requirements of the PEAR initiative. The services provided by the Office of Public Affairs and Equity have been positively impacting marginalized and targeted communities since their institution in 2020. These communities have benefited from increased access to accessible materials, meaningful community engagement that prioritizes the thoughts, concerns and voices of communities and have grown to rely on DOH for guidance, access and support. The prominent services offered by Office of Public Affairs and Equity are listed below:

Develops and supports internal equitable policy planning and equitable rulemaking
Develops and supports policy planning for marginalized, rural and agricultural communities
Leading agency wide implementation of the PEAR initiative including the management of the PEAR collaborative.
Access team support and coordination for CLAS Standards Technical Assistance
Management of Community COVID-19 AND Monkey Pox community collaboratives
Language access and translation services coordination
Equity reviews – social media, webpage and material development
Meaningful community outreach and engagement
Workforce diversity
Structural and institutional inequities
Equitable access
Disability justice
Compliance
Equitable communication strategies to reach diverse audiences all throughout WA State through the use of social media, video, media, campaigns,
The promotion of health information through health education strategies to positively influence the citizens of WA State to engage in healthy behaviors
Social marketing
Health Education campaigns communication strategies that inform and influence individual and community decisions that improve health are one of the most underfunded and core basic foundational investments that we can make to help improve health outcomes. Our work ensures that we use science in balancing the consideration of health literacy, internet access, media exposure and cultural competence of target populations, we have the opportunity to continuing improving equitable access to information, resources, and services for historically underserved communities.

Alternative:

Incredible temporary infrastructure was built during the COVID-19 response to address and reduce health inequities experienced by the most disproportionately impacted communities. Sustaining the Office of Public Affairs and Equity teams allows for the infrastructure to continue to stabilize, grow and evolve, placing the agency in a much better place to respond to the next emergency. Lack of sustained, centralized capacity and positions with intentional equity and engagement skills would negatively impact external stakeholders, community partnership relationships, and equitably and appropriately administering critical health information to all communities within WA State. Divisions and programs throughout the agency do not have the adequate funding or infrastructure to sustain the work that is described above, and not providing funding as requested in this DP would place a substantial limit on DOH’s ability to equitably engage with communities, ensure public health is administered equitably, and to provide critical health education and information to improve healthy behavior of individuals. This would result in a significantly negative public health and safety impact to our communities and citizens in the state of WA.

Assumptions and Calculations

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

These assumptions are based on a continuation and expansion of the current (FY23) funding level for FY24. Beginning in Fiscal Year (FY) 24 The Department of Health will require 63.6 FTE and \$10,828,000 and FY25 and ongoing 78.0 FTE and \$12,538,000.

Detailed Assumptions and Calculations:

This estimate includes the current staff and the expansion of staff to accommodate a growing program. This represents the minimum need to successfully retain a functional team to support the many branches within this program.

Office of Public Affairs and Equity Infrastructure - 1.0 FTE

1 WMS Band 4 – Office of Public Affairs and Equity Chief Deputy Director: This position will support the leadership of the Public Affairs and Equity Office and to help support the oversight of the health education, communications, and community and engagement strategies that occur in the Office of Public Affairs and Equity. With the increase in community engagement, equity work, communications needs, translation requirements, campaigns, and health education through COVID and other multiple national public health crisis position is critical to provide the leadership to ensure a well-functioning team to continue and advance our increasing critical public affairs and equity work.

Community Relations and Equity (CRE) Infrastructure Support – 8.0 FTE

Prior to COVID-19 the Community Relations and Equity Team within the Office of Public Affairs and Equity encompassed four permanent positions. Once COVID-19 hit, the need for equitable access, community engagement, language accessibility and translations skyrocketed and resulted in a substantial amount of additional work beyond what we had been providing. In order to continue supporting the activities in the CRE team and to ensure investments are in community-driven initiatives, and the policies and programs built through COVID are adequately implemented and maintained the following resources are needed.

Staffing resource needs:

- 2 Management Analyst 4
- 1 Management Analyst 3
- 1 Administrative Assistant 3
- 1 Washington Management Service 3 – Community Relations and Equity Office Deputy Director

- 1 Health Services Consultant 3
- 1 Health Services Consultant 2
- 1 Epidemiologist 3

CRE Policy and Systems Branch – 4.0 FTE

The Policy and Systems branch leads pro-equity policy and systems change interventions to address, undo, mitigate, and prevent inequitable health outcomes. This branch leads our Health Equity in all policies initiative, participatory processes for shared decision making, equitable resource allocation and budgeting, equity impact assessments, and systems change interventions to address deep-rooted systemic inequities across the Department, State Enterprise, and Public Health System partners. The proposed positions below will sustain DOH in developing equitable public health policies and systems.

Staffing resource needs:

- 3.0 FTE Management Analyst 5 - Equity and Social Justice Strategists (Disability ESJ Strategist, 2 Equity Policy Development positions for public health issues)
- 1.0 FTE Washington Management Service 1 - Public Health Equity Science, Policy, and Practice

CRE Equitable Access Branch – 7.0 FTE

The Equitable Access branch leads multi-faceted, collaborative, and cross-agency interventions to increase holistic access to public health care services and address, undo, mitigate, and prevent access barriers to information, services, and opportunity. All efforts support agency compliance with federal and state civil rights laws and adoption of the National Standards for Culturally and Linguistically Appropriate Services. This branch intentionally focuses on increasing access for people with limited English proficiency and people with disabilities. In order to effectively implement and manage our language accessibility and Title VI work we need long-term permanent funding for the following positions ongoing:

Staffing resource needs:

- 1 Washington Management Services 2 - Equitable Access Manager
- 1 Health Services Consultant 4 - Health Equity Communications & Access Lead
- 2 Health Services Consultant 3 - Health Equity Coordinators
- 2 Health Services Consultant 3 – Access Coordinators
- 1 Management Analyst 5 - Access Initiatives Project Manager

CRE Community Investments and Partnership Branch - 8.0 FTE

The Community Investments and Partnership branch addresses the historical underinvestment in communities and the structural challenges which limit community access to information, civic engagement, and opportunities for inclusive and community-driven outreach and public health interventions focusing on the social determinants of health. DOH learned during this pandemic community organizations are a critical component of the larger public health ecosystem and investing in sustainable community infrastructure to address structural and systemic inequities amplified by the pandemic is key to equitable preparedness response and recovery. This branch will provide leadership and coordination of funding initiatives to ensure distributional equity. Through the continued evolution of the Vaccine Implementation Collaborative, this branch will ensure decision-making processes are transparent, equitable, and inclusive and that community feedback is applied. The Community Investments and Partnerships branch supports multiple ongoing federal grant funded initiatives implemented by DOH for COVID through FEMA funding, CDC Immunization grant funding, funding for MPV collaborative and CDC Health Disparities Grant.

Staffing resource needs to sustain

- 1 Washington Management Service 2 - Community Investments and Partnerships Manager
- 1 Management Analyst 5 - Community Collaborative Lead
- 1 Management Analyst 5 - Equity and Social Justice (ESJ) Strategist
- 1 Management Analyst 5 - Investments and Impact Strategist
- 2 Management Analyst 4 – ESJ Strategists
- 1 Management Analyst 4 – ESJ Strategist to address Faith Based Organization needs
- 1 Health Services Consultant 2 - Community Collaborative Coordinator
- \$500,000 per biennium for community-based investments

This team is our Community Outreach team, and in order for DOH to continue to sustain our Community Outreach beyond May 31, 2024 the following positions and resources need sustainable long-term permanent funding ongoing.

CRE Organizational Equity & Belonging Branch – 2.0 FTE

The Organizational Equity & Belonging branch will lead and support the agency's cross-cutting internal initiatives such as the Equity and Social Justice Collaborative, the Office of Equity's PEAR Plan and Playbook, and internal EDI policies and strategies. We have identified we need 2 new positions to implement this work across the agency.

Staffing resource needs:

- 1 Management Analyst 5 – ESJ Strategists
- 1 Management Analyst 5 – Belonging Strategist

Communications Web Translations Team – 5.0 FTE

We are requesting additional resources to create a Communications Web Translations Team who will lead strategy and planning work surrounding translation and accessibility of web content, work with internal teams to ensure our agency and programs are aligned with web translation and accessibility requirements and recommendations. Providing language access and meeting accessibility requirements is a requirement for all organizations and agencies that receive federal financial assistance. The Department of Justice provides the Safe Harbor provision which recommends translation of vital information into every language that is used by 5% of the population or 1,000 people (whichever

is less). The Office of Financial Management released on August 18, 2022 the estimate of population with limited English proficiency for the state and counties. This study has determined that Department of Health is required to translate our material in 46 different languages. Governor Inslee has proclaimed that Racism is a Public Health crisis – it is critical that the Department of Health is leading the way and proficient in translating our public health information.

New staffing resource needs:

- 1 Communication Consultant 5 – Supervisor
- 2 Communication Consultant 4
- 2 Communication Consultant 3

Also requesting annual budget of \$300,000 for agency-wide translation costs of web content and public health publications.

Also, requesting a biennium budget of \$20,000 for stipends to support usability and audience testing to ensure our website is supportive and informational to diverse audiences: Gift cards/incentives for human/usability testing (\$50 each), Gift cards/incentives for audience testing/cultural review of content for culturally and linguistic appropriateness (\$50 each)

Video Communications Team: - 7.0 FTE

We are requesting additional resources to enhance our video communications strategy. Video is the largest content driver on the Internet and is the most effective way that people are communicating. A 2018 survey found that 85% of the Internet users in the United States watched online video content on any device, with 62% of respondents consuming online video via mobile technology. Incorporating video into our communications equity strategy allows us to produce health information for communities who can have pivotal information at the palm of their hands. Here are some additional facts related to video communications:

Video is the number 1 source of information for 66% of people:

Over 500 million people watch Facebook videos every day.

YouTubers upload 300 hours of video content to the platform every minute.

93% of businesses gain new customers as a result of branded video content.

People spend an average of 6 hours and 48 minutes per week watching online videos.

The global streaming software market will grow with a 12.1% CAGR between 2022 and 2028.

Social media algorithms prioritize video content

Our intent is to build a Video Communications Team to coordinate content creation for multiple audiences outside of 'traditional,' mass-media news consumers, produce live events, coordinate social campaigns that are culturally and linguistically appropriate, booking, producing interviews with executives & experts within DOH, and trusted community partners. We also want to partner with our Community Relations & Equity Team to create strategic messaging that is requested by our existing community partners who do not have the resources or expertise to create video content.. A foundational principle in public health is to meet people where they are, and we need to communicate with people the way they prefer to be communicated with.

New staffing resource needs:

- 1 Washington Management Service 1 Videography Manager
- 1 Communication Consultant 5 Video Public Information Officer
- 1 Communication Consultant 5 Strategic Video Storyteller
- 1 Communication Consultant 5 Supervisor
- 3 Communication Consultant 4's Videographer

Bilingual Media Team: 7.0 FTE

Spanish is the second most common spoken language in WA State. The Department of health educates the public on significant public health issues that can involve life and death situations and having a bilingual media team will allow the Department of Health to more quickly respond to a larger audience in WA State without having to wait to secure an external translator. Currently we use an external consultant to quickly respond to our Spanish speaking communities, however, this contract is sunseting and DOH has a critical need to continue engaging with our Spanish speaking communities in real time.

New staffing resource needs:

- 1 Communication Consultant 5 Spanish Social Media Lead (bilingual required)
- 2 Communication Consultant 2 Spanish Social Media (bilingual required)
- 1 Administrative Assistant 3 Bilingual
- 3 Communication Consultant 4 Social Media Customer Care Liaison

Sustain Media Outreach: 10.0 FTE

Prior to COVID DOH had 2 PIO/Media relations position, 3 social media positions, and half of an FTE answering public phone calls. Since COVID, the desire to consume public health information has substantially increased which resulted in DOH adding additional positions through federal COVID funds to support the increase in media engagement, increase in social media engagement across multiple social media platforms, and a significant increase in public citizens calling and emailing for information. The increased awareness and desire to consume public health information across the citizens, communities, and media organizations throughout the state remains significantly high and expected to remain significantly high as we continue to address numerous national public health crisis (such as Monkeypox, Infant Formula shortage, climate change, increase in disease spread amongst other diseases, etc.). In order to sustain the level of mainstream communication that has occurred as a result of COVID bringing forward the importance of public health we need to secure permanent funding to sustain these positions.

Staffing resource needs:

- 4 Communications Consultant 5 – Communications Supervisor or lead agency PIOs
- 4 Communications Consultant 4 – Communications Generalists performing media relations and communications generalist services
- 2 Customer Service Specialist 2 positions

Health Promotion and Education – 19.0 FTE

As a centralized agency function the Health Promotion and Education section provides a leadership, consultation, and technical assistance using evidence-based health education and promotion theories. The team leads agency and statewide efforts to plan, develop and execute multimillion public health education marketing campaigns. They assist divisions, community partners and sister agencies with planning, implementing, and evaluating public health programs and messaging. Prior to COVID the Health Promotion and Education Team had total staff of approximately 8 employees performing health education work solely around required immunizations and flu immunizations. COVID has moved our need to do deeper and broader health education work by ensuring we are ready to quickly launch public health campaigns, engage quickly in broad social marketing, develop focus groups and perform audience testing strategies, determine evidence-based strategies to educate the public in a way that will lead individuals, organizations, and communities to make decisions that support the public health's best interest. COVID, in addition to other infectious diseases that are quickly evolving (such as Monkeypox), the fentanyl/opioid crisis, and other environmental health issues (climate change, PFAS in water, etc) has resulted in a great need for additional health educators to develop and implement health education strategies across the entire public health system and not just a role focused on immunizations. In order to support health education across the public health system we will need the following positions and resources to support this.

Staffing resource needs:

1 Washington Management Service 2 Social Marketing and Health Promotion Manager – Provide leadership, direction, management, strategic planning and vision for DOH social marketing efforts and agency-wide public health campaigns. Manages the campaign and social marketing team. This position does not exist, and we are requesting permanent funding to establish a permanent position.

5 Health Services Consultants 4 Supervisors –To support the sustainability for health education and promotion to do work across the public health system, our HPE team needs to establish supervisors to supervise the following teams: General Health Education team, COVID-19 Health Education team, Adult/Adolescent Health Education team, and the Social Marketing team. These team supervisors will support the HPE managers in the day-to-day operations of each branches of work, help supervise team members, and perform contract/grant management and monitoring. These positions do not exist, and we are requesting permanent funding to establish these positions.

13 Health Services Consultants 3 - This request is to secure permanent funding for 9 existing project positions that are currently federally funded, and to establish 4 new permanent HSC3 positions effective as soon as possible. These positions are identified as necessary to maintain the capacity built over the previous two years and necessary to maintain the capacity built over the previous two years as well as respond to increasing workload. These positions will do a variety of work all rooted in evidence-based health promotion and health behavior change science. Some tasks include constructing and developing messaging for storytelling, coordinating the health hub market research and community collaboration, incorporating community stories into campaign development to compliment digital storytelling, technical assistance to programs and sister agencies.

Annual cost of \$700,000 for social marketing platform Health Hub: Sustain the online marketing research platform that convenes over 800 audience members, and 17 moderated in-language groups and 1:1 interviews provide ongoing qualitative and quantitative assessments to DOH uses to influence policy decisions, messaging strategies, audience testing, human/usability and vetting materials. Throughout the COVID-19 pandemic, DOH facilitated ongoing audience research through the Health Hub formerly called Market Research Online Community (MROC). This innovative solution has allowed the recruitment of over 800 Washingtonians from diverse backgrounds and geographies to engage in ongoing qualitative and quantitative assessments. The online platform consists of members who prefer to speak English, many who represent immigrant or refugee communities and dual language speakers. To bridge the language gap, DOH also convenes 17 in-language groups monthly through moderators representing each community. the moderator will either conduct 1:1 interview via phone or disseminate a survey, which is offered via phone for anyone with lack of internet/computer access or anyone with low literacy in their preferred language. Whether shaping how the agency crafts talking points during press conferences, organic social media posts, or the language used to describe new COVID-19 mitigation strategies with the public, using this data to make informed decisions has helped Washington more effectively influence behavior change, helped maintain the public's trust in public health, and helped ensure health equity was central to all COVID-19 response strategies.

Workforce Assumptions:

Workforce Assumptions FY24
Projections Only

FTE	Job Classification	Salary	Benefits	Startup Costs	FTE Related Costs
1.1	ADMINISTRATIVE ASST 3 COMMUNICATIONS	\$56,000.00	\$28,000.00	\$5,000.00	\$8,000.00
2.0	CONSULTANT 2 COMMUNICATIONS	\$120,000.00	\$54,000.00	\$8,000.00	\$15,000.00
2.0	CONSULTANT 3 COMMUNICATIONS	\$133,000.00	\$57,000.00	\$8,000.00	\$15,000.00
12.0	CONSULTANT 4 COMMUNICATIONS	\$901,000.00	\$365,000.00	\$50,000.00	\$91,000.00
9.0	CONSULTANT 5 COMMUNICATIONS	\$784,000.00	\$297,000.00	\$37,000.00	\$68,000.00
1.0	EPIDEMIOLOGIST 3 (NON-MEDICAL)	\$109,000.00	\$38,000.00	\$4,000.00	\$8,000.00
1.1	HEALTH SERVICES CONSULTANT 2	\$73,000.00	\$31,000.00	\$5,000.00	\$8,000.00
11.7	HEALTH SERVICES CONSULTANT 3	\$879,000.00	\$356,000.00	\$49,000.00	\$88,000.00
6.0	HEALTH SERVICES CONSULTANT 4	\$497,000.00	\$192,000.00	\$25,000.00	\$45,000.00
1.0	MANAGEMENT ANALYST 3	\$72,000.00	\$30,000.00	\$4,000.00	\$8,000.00
2.3	MANAGEMENT ANALYST 4	\$191,000.00	\$74,000.00	\$10,000.00	\$17,000.00
6.3	MANAGEMENT ANALYST 5	\$577,000.00	\$214,000.00	\$26,000.00	\$48,000.00
3.0	WMS01	\$288,000.00	\$105,000.00	\$12,000.00	\$23,000.00
1.1	WMS02	\$126,000.00	\$43,000.00	\$5,000.00	\$8,000.00
1.0	WMS03	\$129,000.00	\$42,000.00	\$4,000.00	\$8,000.00
1.0	WMS04	\$136,000.00	\$44,000.00	\$4,000.00	\$8,000.00
2.0	CUSTOMER SRVS SPEC 3	\$94,000.00	\$49,000.00	\$8,000.00	\$15,000.00
63.6		\$5,165,000.00	\$2,019,000.00	\$264,000.00	\$481,000.00

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:

This proposal supports the Dept. of Health’s **Transformational Plan Priority I. Health and Wellness, II. Health Systems and Workforce Transformation** in that all Washingtonians have the opportunity to attain their full potential of physical, mental, social health and well-being, and all Washingtonians are well served by a health ecosystem which is robust and responsive, while promoting transparency, equity, and trust.

Results Washington - A few priority areas the team supports and provides expertise in are data equity, CLAS and equity reviews, equity in budgeting and contracts, disability justice, participatory budgeting and grants, legislative equity impact assessments and rulemaking. If funding to continue the team's work isn't sustained, the agency is left without a centralized equity team, and several key initiatives and activities will cease to function.

Additionally, the CRE team's work supports agency compliance with Title VI of the Civil Rights Act of 1964, Federal EO 13166, Section 1557 of the Affordable Care Act, Title II of the Americans with Disabilities Act, state nondiscrimination laws, and an increasing number of Governor's Pro-equity Executive Orders. The lack of sustained, centralized capacity to support implementation and compliance with these various laws creates both a legal and financial risk to the agency.

Performance Outcomes:

Funding this proposal will provide critical workforce infrastructure and support to advance DOH's roles as a leading health strategist. Information is one of the best tools we have to help ensure every Washingtonian is better able to stay safe and healthy and our website is our primary means of transmitting information as an agency. Every Washingtonian has the right to access timely, credible, trusted information regardless of language, disability status, or other factors. DOH continues to ensure information and services provided by the state to the public are available to all communities – providing accessible health information.

Funding this proposal will have a positive impact on health equity and will reduce disparities for people with limited English proficiency and people with disabilities. There is strong research that supports information access, health literacy, and culturally & linguistically appropriate services positively impact health outcomes. Much of this research is available in a recent Health Impact Review from the State Board of Health on a bill related to translation of vital health care information: [HIR-2022-05-HB1852.pdf \(wa.gov\)](#).

A few priority areas the CR+E team supports and provides expertise in are data equity, CLAS and equity reviews, equity in budgeting and contracts, disability justice, participatory budgeting and grants, legislative equity impact assessments and rulemaking. If funding to continue the team's work isn't sustained, the agency is left without a centralized equity team, and several key initiatives and activities will cease to function.

Additionally, the CR+E team's work supports agency compliance with Title VI of the Civil Rights Act of 1964, Federal EO 13166, Section 1557 of the Affordable Care Act, Title II of the Americans with Disabilities Act, state nondiscrimination laws, and an increasing number of Governor's Pro-equity Executive Orders. The lack of sustained, centralized capacity to support implementation and compliance with these various laws creates both a legal and financial risk to the agency. Additionally, funding this proposal will provide:

Flexible, equitable community investments: The team is piloting an equitable funding allocation methodology that incorporates both a quantitative methodology and a qualitative component. The methodology was created to equitably distribute grant funding to address the unequal burden of COVID-19 on these populations. The team is also working with the Office of Financial Services to develop equitable contracting and funding policies to decrease barriers for community-based organizations and minority-owned businesses.

Expected outcomes: Equitable distribution of funding to support community-driven initiatives. Equitable contracting and budgeting processes increase bid submissions and contract awards for community-based organizations and minority-owned businesses. Internal support assists contractors with processing and reporting, resulting in a faster turnaround for contract execution and payments.

Timely and locally relevant data, metrics, and analytics: The team is working with the data equity unit

Expected outcomes: 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. The team spearheaded the Sexual Orientation Gender and Identity (SOGI) workgroup,

Equitable policy analysis and public engagement: Integrated equity impact assessments and accessible public engagement around all policy development and decision-making opportunities including bills, fiscal notes, agency request legislation, budget requests, rulemaking, internal policies & procedures, program plans, grant applications, contracting decisions, strategic planning, and high priority projects. The Health Equity in all Policies initiative and our Health Equity Impact Assessment tool is recognized as a model for other state agencies.

Community-centered engagement: The team established the Vaccine Implementation Collaborative (Collaborative) in February of 2021. The Collaborative serves as a model for meaningful, inclusive, community-centered engagement. As we shift from response to recovery and a return to normal operations, the Collaborative continues to center the voice of communities to influence DOH recovery and response. An expected outcome is a shared governance structure in which the Collaborative shares power in decision making, policy and program development.

Equitable access to information and services: A critical component to addressing social determinants of health is ensuring everyone has equitable access to information to utilize services and actively participate. The team leads the agency's language access plan, CLAS standards, and ASL/CART. They are working on a Dear Community Leader letter to create a more inclusive and equitable process for community participation in formal public comment opportunities.

Equitable participation in agency decision making,
Improves community members' ability to synthesize and act upon public health guidance
Supports accessible and transparent governance
Increases civic engagement
Services as a vehicle to engage the public on any project that DOH programs seek community feedback.

Equity Impacts

Community outreach and engagement:

Community outreach and engagement- The Executive Office of Public Affairs and Equity has done extensive outreach, engagement and capacity building with communities that have been historically excluded and marginalized by government budget decisions. We strive to meet communities where they are, emphasize capacity building and relational partnerships [Pro-Equity Anti-Racism \(PEAR\) Plan & Playbook](#). We have conducted community outreach through surveys, community information sessions and conversations, participated in ethnic media interviews/radio segments to promote health wellness and prevention, and convened listening and feedback sessions. This led to the development of the Vaccine Community Collaborative, increased efforts to prioritize and provide language access/translations to improve accessibility for communities, collaborating with All in WA to provide funding to communities disproportionately affected by COVID, and supporting the Health Equity Zones Community group convened by several other DOH positions.

Disproportional Impact Considerations:

Disproportional Impact Considerations – Bridging the gap- Prior to COVID-19, CRE team within the Office of Public Affairs and Equity was staffed by 4. The expansion of CRE is a direct reflection of the feedback received from targeted populations and marginalized communities. CRE has contracted with 11 successful bidders under the CDC Health Disparities grant for community outreach and engagement to address social determinants of health, with some of these bidders providing gap coverage to ensure that we reach as many targeted populations/marginalized communities as possible. Notably the CDC Health Disparities grant funding ends in May 2024.

Additionally, CRE's work provides technical assistance to agency programs, leadership, and local health jurisdictions. CRE has received 4,343 internal requests for work to support multiple divisions and programs across DOH. As of September 2022, 3779 of these requests have been resolved, 52 requests are in the consultation phase, 69 are on hold and 74 projects were declined, primarily due to limited capacity. There are a total of 367 active requests for work to provide support to the following divisions/programs:

Center for Facilities, Risk, & Adjudication – 5 active requests for CRE to support internal-agency wide health promotion and equity centered return to work guidance, k-12 health promotion project, Psych hospital webpage equity review and a request to have CRE staff member sit on the Fent/Opium Task Force.

Disease Control and Health Statistics- 53 active requests for CRE to support communication planning, translation, materials and social media equity reviews, health equity consultations, community engagement, policy review, development and implementation.

Emergency Preparedness/ Resiliency and Health Security, Medical Counter Measures, COVID-19 Therapeutics – 14 Active requests for CRE to support community engagement, community preparedness, COVID-19 After Action Report community engagement planning, community outreach and engagement and language access/translations.

Environmental Public Health: 70 active requests for CRE to support material development and review, audience testing, community engagement, communication planning, social media, material and webpage equity reviews, email review and language access/translation coordination. **Health and Science, Health Systems Quality Assurance, Innovation and Technology and Health Technology Solutions:** 18 active requests for CRE to support material development, language access/translation, equity advisory for materials, social media and communication planning.

Office of the Secretary: 5 Active requests for CRE to support with community engagement and communication.

Policy & Legislative Relations and Policy, Planning & Evaluation: 5 active requests for CRE to support community engagement and policy development and implementation (DeSalvo, K., 2017)||

In addition to the above referenced requests, CRE has received requests for support from the State Health Officer, Office of Strategic Partnerships, Human Resources/Employee Services, Financial Services, and Systems Transformation, and is presently supporting an additional 55 DOH agency wide projects focused on equitable policy development and implementation, community engagement and material development.

Target Populations or Communities:

Target populations/ Communities- Target populations span across all of Washington state and are identified by the DOH SoVI [WA State Department of Health Social Vulnerability Index](#) to be at higher risk for health disparities, increased risk for lead exposure, social vulnerability to hazards, and environmental health disparities. The SoVI assesses risk from lowest (0) to highest (10). Targeted populations served by the CRE Team rank from moderate (4) to high (10) on the SoVI.

Other Collateral Connections

Puget Sound Recovery:

N/A

State Workforce Impacts:

N/A

Intergovernmental:

This proposal seeks to address the systemic issues of equity and social justice by remediating policies, systems, investments, services, and engagement. This enables the department to provide leadership, technical support, and collaboration to address the social determinants of health and advance an equitable recovery. We learned community organizations are a critical component of the larger public health ecosystem and investing in sustainable community infrastructure to address structural and systemic inequities amplified by the pandemic is key to an equitable preparedness response and recovery.

The target populations span across all of Washington state and are identified by the DOH SoVI WA State Department of Health Social Vulnerability Index. This package goes far to advance public health and adequately address the root causes of social and racial inequities which contribute to disparate social and living conditions requires a workforce which reflects the communities harmed. This work includes ensuring decision-making processes are transparent, equitable, and inclusive and that community feedback is applied.

Stakeholder Response:

The CRE team's work prioritizes historically underrepresented populations that experience various types of systemic discrimination that result in health inequities. The team develops and implements strategies that prioritize communities of color, people with disabilities, individuals with limited English proficiency, immigrants/refugees, migrant/farmworkers, and LGBTQ members. By approaching public health work through an equity and social justice lens, the team works with communities to identify solutions to improving social and economic conditions that impact health.

State Facilities Impacts:

N/A

Changes from Current Law:

N/A

Legal or Administrative Mandates:

Community Investments and partnership funding to compensate community members for their participation in community centered initiatives, advisory groups and intellectual property relates directly to Senate Bill 5793 - Concerning and compensation stipends for low-income or underrepresented communities.

Pro-Equity Anti-Racism Initiative [22-04 - Implementing PEAR \(tmp\).pdf \(wa.gov\)](#)

As an agency that receives federal financial assistance, we are required by Title IV of the Civil Rights Act of 1964, Federal EO 13166, and Section 1557 of the Affordable Care Act to provide meaningful access to our programs and services for people with limited English proficiency (LEP). As an accredited organization through the Public Health Accreditation Board, we are expected to lead in areas of equity and access, and operationalize the National Standards for Culturally and Linguistically Appropriate Services. DOH Title VI – LEP Non-Discrimination Policy, DOH Language Access Plan, DOH Equal Access for Individuals with Disabilities Policy, and Statewide COVID-19 Language Access Plan sets the standards for our agency's compliance, which includes:

Translation of all vital COVID information into all languages that meet the Safe Harbor Threshold provided by Department of Justice, via LEP Population Estimates maintained by the Washington State Office of Financial Management.

Translation of all DOH vital information into at least the top three languages (but should be increased to meet Safe Harbor Thresholds).

Translation of all audience-specific information following the Safe Harbor Threshold, creating tailored language expectations for specific projects.

Translation of all general public information – including web content – into at least Spanish, striving toward a fully bi-lingual web presence.

Reference Documents

[Building and Sustaining _ Aggregate v.1.xlsx](#)

[FNCAI_2023-25_Building and Sustaining v.2- SLM.xlsm](#)

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	\$5,164	\$6,317	\$11,481	\$6,317	\$6,317	\$12,634
Obj. B	\$2,019	\$2,473	\$4,492	\$2,473	\$2,473	\$4,946
Obj. C	\$1,520	\$1,520	\$3,040	\$1,520	\$1,520	\$3,040
Obj. E	\$1,382	\$1,638	\$3,020	\$1,638	\$1,638	\$3,276
Obj. J	\$261	\$0	\$261	\$0	\$0	\$0
Obj. T	\$482	\$590	\$1,072	\$590	\$590	\$1,180

Agency Contact Information

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