

## **Background and Purpose**

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[RCW 43.20.285](#) authorizes the State Board of Health (Board) to conduct health impact reviews (HIRs) in collaboration with the Governor’s Interagency Council on Health Disparities (Council). This document discusses the definition, goal, and scope of HIRs and outlines processes for requesting and conducting an HIR.

## **Definition**

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An HIR is an analysis of a legislative or budgetary proposal that researches the extent to which the proposal is likely to have a positive or negative impact on health disparities.

## **Goal**

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The goal of an HIR is to provide objective information policy makers can use when deciding whether to proceed with a proposal, or to make changes to mitigate the harms and maximize the benefits of that proposal, if the proposal is likely to impact health disparities.

Examples of social determinants of health that may be impacted by a proposal include (note that this is not a comprehensive list):

- Early learning
- Education
- Environment
- Health care
- Housing
- Income
- Transportation
- Workforce development

## **Scope**

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An HIR is not intended to be a comprehensive analysis of all potential health-related impacts of the policy or budgetary proposal under review. Rather, the focus of an HIR is to determine whether the proposal is likely to exacerbate or ameliorate health disparities, as well as to impact the social determinants of health. If a new version of a bill or budget proposal is released after the HIR is posted, the Board will (if time allows) release an update analyzing if these changes will impact the original findings of the review. Due to limited time and resources, the HIR relies on existing data, the published scientific literature, and professional judgment. It may also consider informed predictions from representatives of populations and communities that expect to be affected.

## **Board, Council, and Agency Roles and Responsibilities**

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The State Board of Health is responsible for approving HIR request forms and procedures, completing HIRs, and making final HIR reports publicly available on the Board’s website. In addition, the Board has authority to limit the number of HIRs it completes.

The Council shall serve in an advisory capacity to the Board. Specifically, the Council will assist the Board in determining whether to decline a request for an HIR and will provide input and review at various stages during the HIR assessment process. Council members will be notified when HIR requests are received.

State agencies are responsible for providing assistance to the Board upon request. The Board may ask for state agency collaboration in identifying subject matter experts, advising the Board on the potential impacts of a policy or budget proposal, assisting with the identification of

appropriate literature, providing available data or information, and reviewing draft HIR reports. Agencies have the authority to decline a request for assistance due to inadequate resources.

### **Requesting a Health Impact Review**

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Only the Governor or a state legislator may request an HIR. An HIR can be requested of a proposal or a portion of a proposal for a state legislative or budgetary change. This includes:

- Bills that have been introduced.
- Bills available in draft form from the Office of the Code Reviser.
- Bills that have passed the Legislature and are awaiting the Governor's signature.
- Budgets, including associated decision packages, submitted to the Legislature by a statewide elected official.
- Budget bills, including associated decision packages and provisos, proposed by the Senate Ways and Means and House Appropriations committees.
- Reports, findings, recommendations and other types of budget and policy proposals that are required by law, have been formally adopted and transmitted to the Governor or the Legislature, and have been issued by a board, commission, panel, joint select committee or other body established in statute.
- Agency decision packages submitted to the Office of Financial Management.

Budgetary and legislative policies are no longer considered proposals once they have become law, and are not candidates for HIRs. If time and resources allow, the Board may, at its own discretion, agree to review working drafts of legislation that have not been submitted to the Office of the Code Reviser.

An HIR request form can be submitted using an online form available through the State Board of Health's website at [www.sboh.wa.gov](http://www.sboh.wa.gov). A request form can also be downloaded from the Board's website, which can then be emailed to [HIR@sboh.wa.gov](mailto:HIR@sboh.wa.gov) or printed and faxed to (360) 236-4088 or mailed to PO Box 47990, Olympia, WA 98504-7990. A review can also be requested by phone at (360)-236-4106. The Legislature and the Governor's Office may choose to make the form available on their Internet or intranet sites. The Board will acknowledge receipt of a completed form and will post requests received on its website.

The following information should be submitted to initiate a request for an HIR:

- Date of the request
- Requester's name
- Legislative staff contact name and contact information
- Subject of the HIR (e.g., bill, decision package)
- Scope of the HIR (entire or portion of the policy or budgetary change)
- Completion date

In an effort to help the Board better understand the reasons why the review is being requested, the HIR form also collects the following voluntary information:

- Description of how the requester thinks the proposal might impact health disparities
- Specific organizations or community groups that the requester recommends the Board contact when conducting its review

## **Prioritization**

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If resource constraints require the Board to prioritize requests, the following guidelines will apply:

- Issues that take the form of legislation, even in draft form, should have priority over recommendations from boards, commissions, select committees and other bodies convened to issue reports and recommend policy.
- Proposals that have been introduced in the Legislature should have priority over draft legislation and budget proposals that are not in the form of a bill.
- Legislation scheduled for a hearing shall be given priority over legislation not yet on a committee calendar.
- If a bill or budget proposal for which an HIR has already been completed is revised by the Legislature, then an update analyzing the potential impacts of the revised version of the proposal will be conducted as time allows, and only after all other requested reviews have been completed.

## **Right to Decline a Request**

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The Board may decline an HIR request if, in the judgment of the Executive Director of the Board after consultation with the Board and Council Chairs, staff time and resources are not adequate to complete a quality review in the time allotted. It may also decline an HIR request if conducting a quality review requires another agency to provide data or otherwise participate significantly in the process, and that agency declines to participate because of resource constraints.

## **Timeframe**

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HIRs requested during session for proposals that are, or are likely to be, under consideration by the Legislature during the session must, by statute, be delivered completed within 10 days. The Board interprets this to mean 10 days from receipt of the request by the Board. Requesters may ask for a shorter turnaround (if, for example, a completed HIR is needed in time for a committee hearing). These requests will be honored at the discretion of the Board's Executive Director after consulting with staff and other affected agencies. For HIRs requested during the interim, or requests received during session to evaluate proposals not under consideration during the current session, the Board will work with the requester in order to establish a completion date.

## **Conducting a Health Impact Review**

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Upon receipt, HIR requests will be assigned to a policy analyst at the State Board of Health. The Board recognizes that because the subject matter of HIR requests will vary broadly, as will the available time and resources, the process for assessing the impacts on health disparities and the depth of analysis must be flexible. Nonetheless, a general process for conducting an HIR has been developed and is outlined below.

**Step 1: Notification:** As soon as an HIR request is received post the request form on the Board's website and send an email to notify Council and Board members as well as staff from Senate Committee Services (SCS), House Office of Program Research (OPR), the Governor's Office, and the caucuses.

***Step 2: Describe the proposed policy or budgetary change***

Provide an overview of the provisions of the proposed policy or budgetary change and any direct results the proposal intends to create.

***Step 3: Conduct an initial literature review and develop a working conceptual model***

Conduct an initial, high-level literature review specific to the policy or intervention to provide an information-foundation on the topic. Develop a working conceptual model that depicts the potential causal pathways linking the proposal to its ultimate impact on health disparities.

***Step 4: In parallel: a) conduct a targeted literature review b) apply criteria for including sources c) consult experts d) (if needed) revise the working conceptual model and e) monitor the progress of the proposal through the legislature***

***a) Conduct targeted literature searches***

Conduct a literature search for each of the pathways illustrated in the conceptual model(s). The literature searches will rely on available databases of the scientific peer-reviewed literature (e.g., Medline), Internet resources (e.g., Google Scholar), article reference lists, and other relevant material identified by subject matter experts. To the extent possible and when available, the literature search will focus on studies conducted with Washington State populations. If time is limited, assume that each component of the policy will operate as intended and research only whether the policy is likely to disproportionately impact some populations and its subsequent impact on health disparities. If time allows after all other research is complete, research each major policy component to determine whether the underlying assumptions about the intended operation of the policy are based on evidence. A decision can be made to research some of the policy components but not all of the components, depending on time constraints.

***b) Apply criteria for weighting and prioritizing sources***

Each source should be scrutinized for validity and study design strength using criteria recognized by the scientific community. This is an essential part of research and will ensure a high level of reliability and relevance in each source. Time constraints will dictate how much time can be dedicated to scrutinizing sources—but critical evaluation of all resources should be done for every HIR.

***c) Identify and consult with subject matter experts, interested Council and Board members, and representatives of potentially affected communities and populations***

Consult with relevant stakeholders, representatives of communities and population groups that are likely to be affected, and subject matter experts regarding the proposed intervention and potential impacts on both the determinants of health as well as specific health outcomes. Subject matter experts may be able to provide existing data or information, and can assist and inform the development of the conceptual model and/or the literature search.

***d) If necessary, revise the working conceptual model based on new research***

***e) Monitor the progress of the proposal through the legislature***

Track whether there are amendments to the proposal to ensure the review is being conducted on the most recent version of the proposal. In some cases the requester may choose to have the Board review a particular version of the bill and we will honor such requests.

***Step 6: Evaluate the evidence***

Evaluate the evidence to determine the direction and strength of each of the causal pathways in the conceptual model. Due to time and resource limitations, as well as likely limitations in the availability of data or evidence-based interventions reported in the literature, this assessment will most likely be qualitative in nature. In instances when data are available, a quantitative assessment of the magnitude of the impact on health disparities may be conducted.

***Step 7: Summarize the evidence and compile deliverable(s)***

Summarize the body of evidence and draw conclusions regarding the likelihood that the proposed policy or budgetary change will positively or negatively impact health disparities. When considering the strength of the evidence consider: consistency of the results, strength of the study designs, certainty of findings (e.g. sample sizes), and the amount of evidence available.

***Step 8: Obtain feedback on the draft HIR***

If time allows, solicit feedback from staff, members of the Board and Council, any agencies that contributed data or information to the analysis, and the Executive Director. To the extent time allows, the draft may also be reviewed externally by subject matter experts and other relevant stakeholders. External reviewers may include the requester or his or her staff.

***Step 9: Finalize and disseminate the HIR***

Obtain final review and approval from the Board Chair or his or her designee. Once finalized, the HIR will be posted to the State Board of Health's Web site. A notification that the HIR has been completed with a link to the Web address where the final document can be found will be sent to the requester, subject matter experts or other relevant stakeholders who provided comments or feedback during the process, relevant legislative committee members, bill sponsors, Board and Council members, and staff from SCS, OPR, the Governor's Office, and the caucuses.

***Step 10: If time allows, provide review updates on most recent versions of the proposal***

If proposals are modified after the final HIR has been released (or too close to the deadline to provide adequate time to modify the original review) and if time allows, Board staff will analyze if these changes will impact the original findings of the review and release a review update.

***Step 11: Evaluate the Health Impact Review***

Track the impact that the HIR has on the decision making process. The purpose of this step is to determine whether or not proposals are moved forward unchanged, modified, or abandoned following the HIR. Obtain ongoing feedback from requesters to ensure HIRs are useful and meeting their intended purpose. Modify the process based on feedback as necessary.