



## Health Impact Review Request Form

Date of request: 1 / 29 / 2014

Requester: Representative Ryu

*Note: Health impact reviews may only be requested by the Governor or a legislator.*

Staff Contact: Name: Shoubee Liaw

Phone: 360.786.7880

E-mail: Shoubee.Liaw@leg.wa.gov

### What is the subject of the Health Impact Review?

- Bill Number: \_\_\_\_\_ Title: Community Health Centers Capital Budget Request
- Bill Draft Draft Number: \_\_\_\_\_
- Decision Package *If possible, please attach a copy of the relevant portion/aspect of what you are*
- Budget Proposal *requesting to be reviewed.*
- Other: \_\_\_\_\_

### Should the Health Impact Review analyze the entire proposal or only a portion?

- Entire  Portion

*If only a portion, please describe what portion(s) the review should analyze.*

The request is to review other Community Health Centers Capital Budget Request.

### Summary of request:

- Requests 25% of the funding needed to build five community health centers (CHCs)—a total funding request of \$14,700,000.
- Each project contact indicated ways their organization has secured or plans to secure the remaining funding to complete the project.
- These health centers include International Community Health Services in Shoreline, Yakima Valley Farmworkers Clinic in Toppenish, and Sea Mar Community Health Centers in Ocean Shores, Seattle, and Vancouver.
- Four of these projects would replace existing health centers with larger and more comprehensive facilities, while the fifth project would construct the first CHC in Shoreline.
- Combined, these five CHCs would provide care to a projected additional 42,300 patients once the clinics are operating at full capacity (which takes an average of three years).

Requested completion date: 2 / 20 / 2014

Please consider completing the optional section on the back of this form, which will give the Board a sense of why this review has been requested.

Washington State Board of Health

PO Box 47990 • Olympia, WA 98504-7990 • Phone: 360-236-4110 • Fax: 360-236-4088

Email: [HIR@doh.wa.gov](mailto:HIR@doh.wa.gov) • Web site: [sboh.wa.gov](http://sboh.wa.gov)

*If requesting less than a ten-day turnaround during session or less than a 60-day turnaround during the interim, please explain the reasons for the request (for example, needing a review completed in time for a committee hearing).*

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**~ Optional ~**

*Please consider completing this optional section, which will give the Board a sense of why this review has been requested.*

**NOTE:** When conducting a health impact review, the Washington State Board of Health will consider various ways that a proposal might exacerbate or ameliorate health disparities. Completing this section will give the Board a head start by helping it understand the reasons why a review is being requested.

**Briefly describe how you think the proposal might impact health disparities and whether you believe the impact will be in a positive or negative direction.**

**Are there specific organizations or community groups you would like the Board to contact as part of this review if time allows?**

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