

# Executive Summary: Health Impact Review of SB 6406

Restoring the fair treatment of underserved groups in public employment, education, and contracting  
(2017-2018 Legislative Sessions)

Evidence indicates that SB 6406 has the potential to result in public institutions of higher education using race-conscious admissions and public employers using race-conscious hiring, which has the potential to increase the representation of people of color in higher education and public employment, which has the potential to improve health outcomes and decrease health inequities.

## BILL INFORMATION

**Sponsors:** Senators Chase, Hasegawa, Saldaña, McCoy, Wellman, Keiser, and Kuderer

### Summary of Bill:

- Repeals RCW 49.60.401, Discrimination, preferential treatment prohibited. Approved in 1998 as Initiative 200 (I-200), language prohibits discrimination and preferential treatment to any individual on the basis of race, sex, color, ethnicity, or national origin in the operation of public employment, education, or contracting.

## HEALTH IMPACT REVIEW

### Summary of Findings:

This Health Impact Review found the following evidence regarding the provisions in SB 6406:

#### *Pathway 1: Higher Education*

This review makes an informed assumption that repealing I-200 would result in some public institutions of higher education implementing race-conscious admissions policies as part of holistic applicant reviews. This informed assumption is based on discussions with key informants, evidence from Texas, and publicly available information from the University of Washington.

- **Strong** evidence that the use of race-conscious admissions by public institutions of higher education would likely result in increased representation of people of color in applications, admissions, and enrollment at these institutions.
- **A fair amount** of evidence that increased representation of people of color in enrollment at public institutions of higher education would increase diversity of the healthcare workforce.
- **Very strong** evidence that increased diversity in the healthcare workforce would likely result in improved access to and quality of healthcare for communities of color.
- **Very strong** evidence that increased access to and quality of healthcare for communities of color would result in improved health outcomes for communities of color.
- **A fair amount** of evidence that increased representation of people of color in enrollment at public institutions of higher education would likely result in increased educational attainment of those affected.
- **Very strong** evidence that increased educational attainment of people of color would increase the earning potential for those affected.
- **Very strong** evidence that increased earning potential would likely result in improved health outcomes.
- **Very strong** evidence that increased educational attainment of people of color would result in improved health outcomes for those affected.

#### *Pathway 2: Public Employment*

This review makes an informed assumption that repealing I-200 would result in some public employers implementing race-conscious hiring policies as part of holistic applicant reviews.

- **A fair amount** of evidence that using race-conscious hiring would likely increase representation of people of color working in public employment.
- **A fair amount** of evidence that increased representation of people of color in public employment would result in increased access to health insurance for those affected.
- **Very strong** evidence that increased access to health insurance would result in improved health outcomes for those affected.

**Very strong** evidence that improved health outcomes for those affected would likely result in decreased health inequities experienced by American Indian/Alaska Natives, Asians and Pacific Islanders, Black/African Americans, and Hispanic/Latinos.

## FULL REVIEW

For review methods, logic model, strength-of-evidence analyses, and citations of empirical evidence refer to the full Health Impact Review at

<http://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2018-14-SB6406..pdf>

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