DRAFT

Washington State Board of Health

Pro-Equity Anti-Racism (PEAR)

Strategic Action Plan

January 2025

Report Authors

Paj Nandi, Sponsor, Board of Health Ashley Bell, Deputy Director, Board Staff

Pro-Equity Anti-Racism Plan

Table of Contents

Overview

Washington Board of Health Statement

Overview of Pro-Equity Anti-Racism Strategic Action Plan

Informing the Plan: Identified Issues and Impacts

Engagement

Root Causes of Inequities

Addressing Concerns

Investment and Collaboration Needs

Barriers, Challenges, and Solutions

Strategic Action Plan: Goals, Objectives, and Actions

Goal 1

Goal 2

Goal 3

Performance Measurement

Appendix

Pro-Equity Anti-Racism Team

Accessibility and the Americans With Disabilities Act (ADA)

The Washington State Board of Health (Board) is committed to providing information and services that are accessible to people with disabilities. We provide reasonable accommodations, and strive to make all our meetings, programs, and activities accessible to all persons, regardless of ability, in accordance with all relevant state and federal laws.

To request this document in another format, call X-XXX-XXX-XXXX. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email wsboh@sboh.wa.gov.

For more information or additional copies of this report, contact Board of Health Staff at wsboh@sboh.wa.gov.

Washington State Board of Health

Statement on Pro-Equity, Anti-Racism

For years, the Washington State Board of Health has recognized the need to focus on and accelerate diversity, equity, and inclusion initiatives to help advance health equity and wellbeing for all Washingtonians. The State Board of Health's mission is to provide statewide leadership in advancing policies that protect and improve the public's health. The Board achieves this mission by monitoring the public's health to understand and prevent disease across the state; serving as a public forum to engage the public in policy development; and adopting foundational public health rules that prevent disease, promote public health and keep people safe.

Board staff have been working on thoughtful community, Tribal and stakeholder engagement through multiple projects and policies. The development of the Pro-Equity, Anti-Racism (PEAR) Strategic Action Plan gives staff the opportunity to become more intentional with our equity work. Most differences in health status and outcomes are due to systemic inequities, which refers to how unequal and unfair distribution of resources across society creates worse health outcomes for certain communities, including but not limited to communities who are Black, Indigenous, and People of Color, LGBTQ+, individuals with disabilities, those with limited English proficiency, and refugee and immigrant communities. These health inequities are often a result of laws, statutes and other policies that intentionally or unintentionally favor/prioritize some communities over others. Board members and staff recognize that barriers to public participation in policy development, language access, lack of trusting and authentic relationships with community-based organizations and Tribes, and adequate workforce training and development often contribute to or exacerbate existing inequities.

In 2022, Governor Jay Inslee issued Executive Order 22-04, which directs state agencies, boards and commissions to implement the Washington State Pro-Equity Anti-Racism Plan and Playbook. The PEAR strategic plan intends to drive changes in systems, policies and practices by addressing upstream, root cause issues that perpetuate systemic inequities. This executive order provides the Board with resources to elevate this work and create a transparent and actionable plan. The plan details how the Board can move closer to becoming an equitable government agency and ultimately enable all people in Washington to flourish and thrive.

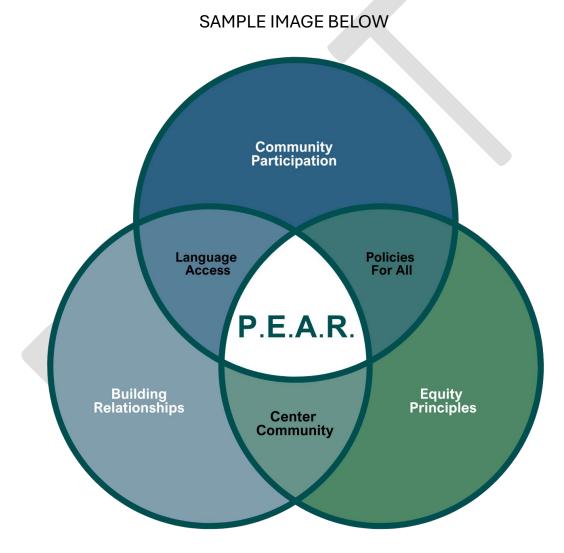
This strategic action plan exists to guide our work and create meaningful, positive changes for and with communities who are disproportionately affected by systemic inequities. Because equity is in the details, it embeds equity into our decision-making, policy planning and development, and public meetings and engagement. Coordinated and culturally responsive engagement strategies will improve the Board's ability to have key messengers from multiple communities—who have been historically and are currently at a disadvantage—share their perspectives and voices heard, thus moving the Board closer to equitable rulemaking practices. Additionally, there will be a focus on investing in a workforce that represents communities most impacted by our policies, while expanding staff and Board members' knowledge of pro-equity and anti-racism principles. This plan centers communities from across Washington state, creating an internal environment that allows the unique innovations, lived experiences and voices of diverse, multicultural perspectives to inform our work. By creating a foundation for pro-equity anti-racism work, future iterations of the plan will dive deeper by continuing to enhance access, equitable rulemaking, and professional development, with community voices at the center. The PEAR Strategic Action Plan is an evolving document that will be reviewed every year to ensure we are following through with our commitments, continuing to assess our equity impact, making informed investments, being transparent and accountable, and shifting practices as necessary.

Overview of

Pro-Equity, Anti-Racism Strategic Action Plan

The Board's PEAR Plan has three goals:

Place Holder for Graphic - Have the Graphic Link to Other Parts of this report (Such as the expanded goals)



Identified Issues and Impacts

Informing the Plan

The Washington State Board of Health (Board) has completed the baseline equity review of our agency's core business areas to determine where needs are greatest. The PEAR Team reviewed the Board's work and took an inventory of current equity efforts. The Team then reviewed and analyzed gaps in equitable service and grouped identified gaps into buckets. Those buckets then informed goals, objectives, actions and performance measures.

Engagement—Limitations and Opportunities

The Board has existing relationships with community partners and has been in conversation with them through additional projects, such as the development of the State Health Report. Trusted messengers from community-based organizations, participants of previous panels, Board members, and Board staff had the opportunity to identify and discuss root causes for inequities, as well as talk about possible next steps to help inform the draft plan.

The Board of Health was unable to consult and/or collaborate with Tribal governments and Recognized American Indian Organizations. This is because the Board had a shortened timeline to develop its first plan. The Board recognizes a gap in connections with Tribes and Native communities. As a result, the Board has been working on making connections with Tribes during this process and has identified investing in relationships with Tribes as well as Urban Indian Health Organizations as a key goal. We will work in collaboration with Tribes and Urban Indian Health Organizations when completing objectives and for future strategic plan iterations.

Root Causes of Health and Other Inequities

The Board intends to decrease root causes of inequities in our work—and by extension public health at large—by improving access to government practices, information, and participation and by increasing engagement in agency policy and rule development that address the broader factors influencing health and health outcomes. Additionally, the Board wishes to address workforce inequities and enhance community engagement knowledge, skills, and abilities among all staff. These investments can have a positive impact on communities and community members who experience systemic racism, social and economic exclusion, discrimination, exploitation, and other forms of oppression based on several factors like age, disability, education, geographic location, language/literacy, experience in/with the criminal legal system, gender identity, sexual orientation, housing, national origin, race/ethnicity, and socio-economic status.

Barriers related to language services and accessible meeting locations have prevented individuals and communities from participating in government forums and policy decisions. Without the ability to participate in a public forum, participants and attendees, particularly from historically underserved and marginalized communities, have been unable to engage in policy decisions, bring forward policy ideas, and share health topics that affect them and the

communities they live, work, and play in. The Board and the work it does in and for Washington state also lack visibility in many communities. Community members shared the importance of connecting with the Board and its work. Although the Board is a public forum, the lack of visibility in communities and the culture of using technical and academic public health language remains a barrier.

Board members and staff identified a need for professional development and hiring practices that elevate equity, social determinants of health, and the ability to authentically connect with and listen to communities with cultural humility. Staff acknowledged the need for training and professional development centered on equity, so Board members and staff alike can build stronger relationships and make collaborating with the Board a less intimidating process.

Trusted community messengers shared that broader efforts towards language justice are connected to staff development and training. When staff are trained in principles of language justice and access, it can foster trust and safety with community members by developing inclusive communications; increasing awareness of power imbalances between government and community and the work needed to reduce them; and enhanced understanding of cultural contexts, nuances and cultural humility, just to name a few. Other community members noted that a lack of trusting relationships between the Board and community is reflective of ineffective engagement practices. This lack of trusting relationships highlights the need for investing time in and with communities around the state.

Addressing Key Concerns

Access barriers: All work identified in the Board's PEAR Plan will follow the State Department of Health and Office of Equity language access guidelines. Language access should be present and consistent throughout all our written and spoken work. This will ensure our documents and materials are clear and understandable and can increase engagement in Board activities. This will require creating policies and procedures related to accessible meetings, materials, and addressing language needs.

Meeting venues: When state budget allows, meetings will be held in spaces that match agenda topics and the interest/priority of community members. Meetings will be held in spaces that are reflective of Board agenda topics, accessible, and welcoming spaces. The goal is to create an environment for individuals to attend meetings and engage with our work more easily, instead of expecting community members to travel to us. We will ensure our public-facing activities are proactively inclusive for all to attend by providing language interpretation services, compensation for community members' time and attendance, having inclusive and accessible presentation standards for materials and presenters, and creating mechanisms for broader public input.

Community and Tribal engagement: The Board can further strengthen relationships by ensuring we intentionally build and maintain them, are inclusive in our rulemaking process, and proactively meet Tribes and communities where they are. Our investments and engagement can bring diverse community voices to the table during the rulemaking process. Because of our renewed focus on cultivating new and ongoing relationships, we will be able to better identify and reach community

groups who wish to be present during Board activities. Developing community and Tribal engagement procedure guides can improve connections with communities and Tribes alike and facilitate meaningful information reaching Tribal and community leaders. This will require Board staff to create practical policies and procedures for community engagement, Tribal Engagement, government-to-government work, and equitable rulemaking.

Professional development: Investing in community relationship training for Board members will help them engage with communities and Tribes in ways that avoid perpetuating harm. Additionally, the Board will invest in professional development for staff that centers equity and engagement in practice. Researching and implementing updated hiring best practices can help promote equity by reaching and recruiting highly qualified candidates from diverse backgrounds, identities and lived experiences, while still maintaining compliance with state and department of health requirements. This will require a review of existing internal hiring practices and may include, as one example, recommendations for additional job postings and outreach through non-traditional channels. By providing focused education and training around equity and engagement-related activities, staff and Board members will be better prepared to collaborate with community groups who are currently and have been historically marginalized.

Barriers, Challenges, and Solutions

CLAS assessment: Currently, the Board lacks capacity to conduct a Culturally and Linguistically Appropriate Standards (CLAS) assessment. Without this assessment, some barriers to community participation will likely remain. The Board will need to request additional funding to hire an outside contractor or consultant to complete a CLAS assessment and make recommendations.

Rulemaking process: Communities have requested a co-creation role in the rulemaking process. However, the Board's rulemaking must follow the Administrative Procedures Act, which may limit the ability for meaningful community co-creation. The Board will need to find creative ways to develop equitable policy and rules while maintaining authentic relationships with Tribes and communities. To address this issue, the Board has started using Community Responsiveness Summaries. These summaries help determine if community participants felt that the Board was responsive to their needs. Community members reflect on successes and difficulties faced while working with the Board, and that information is used by the outreach coordinator to hold conversations and adjust future engagement strategies. The Board will continue to use these and responsiveness feedback surveys that can collectively help address this challenge.

Human resources: The Board of Health has a memorandum of understanding with the Department of Health for recruitment, hiring, and other human resources needs. As a result, the Board does not have control over many of its human resources practices. The Board will need to evaluate areas where equity- and access-focused changes can be made to these practices.

PEAR Strategic Action Plan

Goals, Objectives, and Actions

Goal 1: Create avenues for communities to participate and inform Board activities.

• Objective 1.1: Ensure that language access is present and consistent in all our written and spoken work by January 2027.

• Action 1: Complete a Culturally and Linguistically Appropriate Standards (CLAS) assessment of our public-facing communications and materials.

- Performance Measurement 1: Complete a CLAS assessment, contingent on the availability of state funds, with an external consultant by the end of 2025.
- Action 2: Ensure translations of primary and secondary documents are accurate and culturally appropriate according to CLAS procedures identified in our CLAS assessment.
 - Performance Measurement 2: Track compliance with CLAS recommendations and maintain an 85% or higher compliance rate prior to January 2027.
- Action 3: Communications will "plain talk" all our external-facing public communications, such as presentations, documents, websites, and summaries, using internal guidance documents.
 - Performance Measurement 3: Guidance around plain talked presentations, documents, websites, and summaries will be created in collaboration with the executive director, deputy director, equity and engagement manager, and communications manager and will be in use by all staff by January 2026.
- Action 4: The equity and engagement team will develop internal guidance documents, setting language access standards for Board work, prior to January 2026.
 - Performance Measurement 4: Guidance documents shared with agency partners on a regular basis, including for all presenters at Board meetings, and used in conjunction with other agencies' best practices by January 2026.
- Objective 1.2: Ensure our meeting spaces reflect the topics we work on and communities who may be directly affected by our work by January 2026.
 - Action 1: The equity and engagement team will establish, implement, and consistently use meeting scoping procedures to ensure the Board meets in community spaces that remove access barriers and promote equity.
 - Performance Measurement 1: The equity and engagement team will develop a meeting location scoping form, with 90% use by January 2026.

- Action 2: Admin will incorporate meeting space location scoping procedures into internal staff pre- and post-meeting evaluations, by creating a form to evaluate Board meeting spaces during briefings and debriefings.
 - Performance Measurement 2: The equity and engagement team will develop a meeting location scoping form, with 90% use by January 2026.
- Action 3: Outreach coordinators will support opportunities for Board members and staff to be more visible and accessible in communities, using guidance documents created by the equity and engagement team prior to January 2026.
 - Performance Measurement 3: The equity and engagement team will support and document Board members and staff visits to 85% of the state's counties by January 2026, as funding allows.
- Objective 1.3: Ensure all public activities are proactively inclusive of impacted, non-regulated parties by January 2026.
 - Action 1: The equity and engagement manager will ensure the community compensation process is standardized and applied broadly across all Board work.
 - Performance Measurement 1: The equity and engagement manager will create internal guidance documents for staff and provide training for all staff on use of these tools prior to January 2026. These documents should be in use by all staff prior to January 2026.
 - Action 2: The equity and engagement team will create and implement accessibility and equity standards for presenters, such as verbal delivery and presentation standards, at Board meetings prior to January 2026.
 - Performance Measurement 2: Verbal delivery and presentation standards will be created and in use for all Board meetings prior to 2026.
 - Action 3: The equity and engagement manager will review current practices and make recommendations to the Board to increase access to public comment period and rulemaking processes, including expanded timelines to incorporate Disability Justice practices into the Board's public activities prior to July 2025.
 - Performance Measurement 3: The equity and engagement manager's recommendations will be presented to the Board prior to July 2025.

Goal 2: Build relationships with Tribes, community-based organizations, and Washingtonians.

- Objective 2.1: Center community partnership during rule development by January 2027.
 - Action 1: Board staff will review current rulemaking policies and procedures with an equity lens to ensure they are creating equitable, accessible opportunities for participation.
 - Performance Measurement 1: Staff's recommendations for increased equity and accessibility will be presented to policy advisors by June 2026. Policy

advisors will demonstrate at least four different methods of community engagement employed for each rulemaking project.

- Action 2: The equity and engagement team will develop a review tool in partnership with impacted communities to assess draft rule language for likely equity impacts.
 - Performance Measurement 2: Draft "Rule Language Assessment Tool" will be presented to policy advisors by June 2026.
- Action 3: Policy advisors or project managers will coordinate with community engagement staff to ensure people with direct lived experiences are equitably included on our Technical Advisory Committees (TACs) and in other rulemaking activities.
 - Performance Measurement 3: Community engagement staff will create guidance and minimum participation requirements for Board staff. This guidance and related requirements will be in use by all policy and management staff by June 2026.
- Objective 2.2: Develop new and ongoing relationships with communities who are currently and have been historically marginalized and oppressed by January 2027.
 - Action 1: The equity and engagement team will create and maintain a community engagement database to coordinate engagement with community across all Board staff by January 2026.
 - Performance Measurement 1: The equity and engagement team will document usage standards and provide training on use of the database for all policy and management staff by June 2025. The team will track engagement opportunities and total engagement numbers on a yearly basis.
 - Action 2: All Board staff will engage with community-based organizations and other trusted messengers prior to all Board activities, such as using social media, emails, community events, and other culturally responsive and accessible avenues.
 - Performance Measurement 2: Outreach guidance and minimum standards will be created by equity and engagement staff and will be in use by all staff prior to June 2026.
 - Action 3: The equity and engagement team will create opportunities for Board members to interact with and build relationships with communities, including community panels at Board meetings, and document a process by January 2027.
 - Performance Measurement 3: Guidance and process documentation will be created by June 2026. Once documents are created, staff and Board members will be trained by January 2027. Equity and engagement staff will facilitate at least three opportunities for Board members to interact and build relationships with communities by January 2027.
- Objective 2.3: Build stronger ties with sovereign Tribes, Tribal organizations, and Tribal communities by January 2026.
 - Action 1: The Tribal liaison will create a Tribal engagement plan that centers Tribal sovereignty for the Board by January 2026.

- Performance Measurement 1: A draft Tribal engagement plan will be presented to Board members by October 2025 for comments and approval.
- Action 2: The Tribal liaison will provide guidance to staff and Board members around the Board's Tribal engagement procedures and processes by July 2026.
 - Performance Measurement 2: The Tribal liaison will create written guidance and procedures and provide them to staff and Board members by July 2026. The liaison will provide training to staff and Board members on this guidance by October 2026.
- Action 3: Board staff will provide quarterly updates to Tribal partners that are intentional and meaningful, as identified by the Tribes, by July 2026.
 - Performance Measurement 3: The Tribal liaison will ask for feedback and direction from Tribal partners, by July 2026.

Goal 3: Ensure hiring and professional development activities increase Board and Board staff understanding of equity and anti-racism principles by January 2027.

- Objective 3.1: Provide additional opportunities for candidates from marginalized backgrounds to consider working at the Washington State Board of Health by January 2027.
 - Action 1: The executive director, or designee, will document at least two new job posting opportunities, beyond traditional avenues, prior to January 2025.
 - Performance Measurement 1: The deputy director will provide written documentation of new job posting opportunities by January 2025.
 - Action 2: The executive director, or designee, will research and incorporate recruitment processes and best practices intended to remove biases and promote a representative and inclusive workforce by January 2026.
 - Performance Measurement 2: The deputy director will document changes to hiring processes and practices by January 2026.
 - Action 3: The executive director, or designee, will write guidance for hiring managers and panels intended to remove biases and promote equity, including intersectionality on the hiring panel, by January 2027.
 - Performance Measurement 3: The deputy director will document changes to hiring processes and practices by October 2026.
- Objective 3.2: Invest in Board staff professional development and retention by providing equity-centered education and training by January 2027.
 - Action 1: The equity and engagement manager will provide, or arrange, quarterly training on topics such as: anti-bias, cultural humility, pro-equity and anti-racism, etc. prior to January 2027.

- Performance Measurement 1: The deputy director will set aside funding from the Foundation Public Health Services equity and engagement fund for ongoing training prior to July 2025.
- Action 2: The equity and engagement team will provide training for Board members and staff on the Board's approach to engaging with communities, by providing onboarding training and quarterly training to both Board members and staff, prior to January 2027.
 - Performance Measurement 2: The equity and engagement team will provide learning and growth surveys to assess Board members and staff knowledge on community engagement strategies and change in understanding, at the end of training and professional development opportunities for both Board members and Board staff.

Appendix A

Team Members

Board of Health Members

Patty Hayes, Board Chair Paj Nandi, Sponsor and Board Member

Board of Health Staff

Michelle Davis, Executive Director Ashley Bell, Deputy Director Shay Bauman, Policy Advisor Molly Dinardo, Policy Advisor Hannah Haag, Community Outreach Coordinator Melanie Hisaw, Executive Secretary Jo-Ann Huynh, Administrative Assistant LinhPhụng Huỳnh, Health Disparities Council Manager Cait Lang-Perez, Health Policy Analyst Michelle Larson, Communications Manager

External Partners

Mohamed Shidane, Deputy Director, Somali Health Board Zeenia Junkeer, Mount Baker Foundation Dominique Horn, Southwest Accountable Community of Health

State Agency Partners

Washington State Department of Health

Office of Equity

Appendix **B**

PEAR Plan Components

The PEAR Plan requires that agencies make investments in key responsibility areas. These investments identify service lines that have the potential to positively contribute to determinants of equity. The Board has core business responsibilities in **communications**, **engagement**, and **policy** development, and an internal focus on **human resources and professional development** so staff can assist in achieving the Board's mission. The PEAR Playbook and Office of Equity website has additional information on these areas.

PEAR Service Line

The Office of Equity provides statewide guidance on creating PEAR plans. To see the whole list of PEAR Services Lines, or for more information about their guidance, click here to see Office of Equity materials.

- The Board's PEAR Team has identified these service lines as where the Board needs to make the greatest changes. Engagement & Community Partnerships
- Public Communications & Education
- Plans, Policies, and Budgets
- Policy Agenda
- Tribal Government Relations
- Leadership, Operations, & Services
- Workforce Equity
- Capacity Building

PEAR Determinants of Equity

These have been identified as PEAR Determinants of Equity that are supported by investments in core business areas. For more information, click here to see Office of Equity guidance.

- Community & Public Safety
- Equity in State & Local Practices
- Healthy Built & Natural Environments
- Health & Human Services
- Housing & Home Ownership
- Parks, Recreation & Natural Resources
- Equity in Jobs & Job Training

PEAR Determinants of Equity Groups

The Office of Equity has identified Determinants of Equity (DoE). From their full list of DoE, the Board's PEAR Team has identified the following DoE as areas that will be strengthened by the work of this PEAR Plan. For more information, click here to see Office of Equity guidance.

- Soil & Nutrients Government practices
- Root System Community Infrastructure
- Trunk Community support systems
- Branches Family support systems