

# Embedding Equity in State-Wide Decision Making to Address Root Causes of Health Inequities



# Embedding Equity in State-Wide Decision Making to Address Root Causes of Health Inequities

2025 Public Health Law Conference  
September 17, 2025



## Speakers



**LinhPhụng Huỳnh** (she/her)  
Governor's Interagency Council on Health Disparities  
Council Manager



**Cait Lang-Perez**, MPH (she/her)  
State Board of Health  
Health Policy Analyst



**Lindsay Herendeen**, MPH, MCRP (she/her)  
State Board of Health  
Health Policy Analyst



**Miranda Calmjoy**, MPH (she/they)  
State Board of Health  
Health Policy Analyst



# Agenda

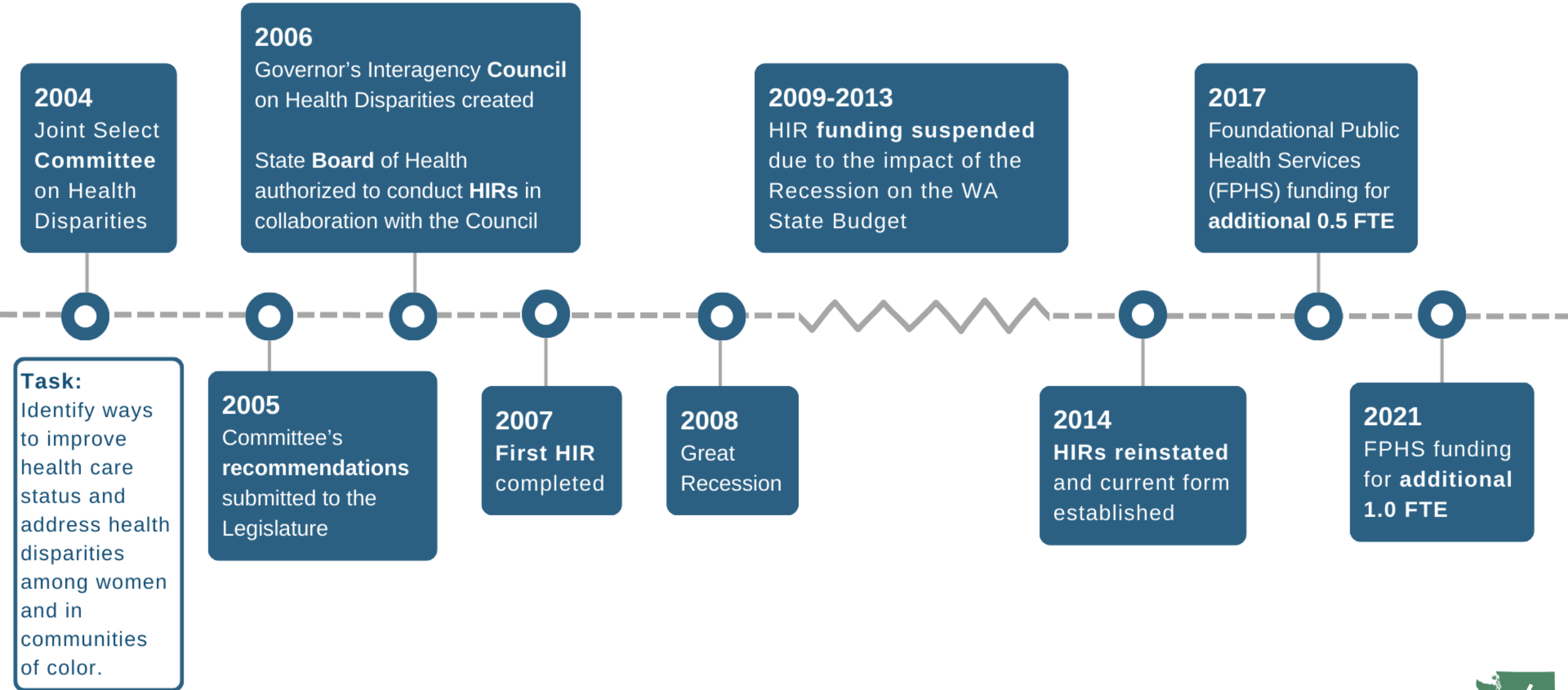
- Infusing equity into legislative decision-making using health policy analysis
- Advancing a mixed methods approach for health policy analysis to amplify equity
- Evolving policy analysis to center health justice and root causes of health inequities



# Infusing equity into legislative decision-making using health policy analysis

Health Impact Reviews 2006-2025

# WA History of Health Impact Reviews (HIRs)



# HIRs

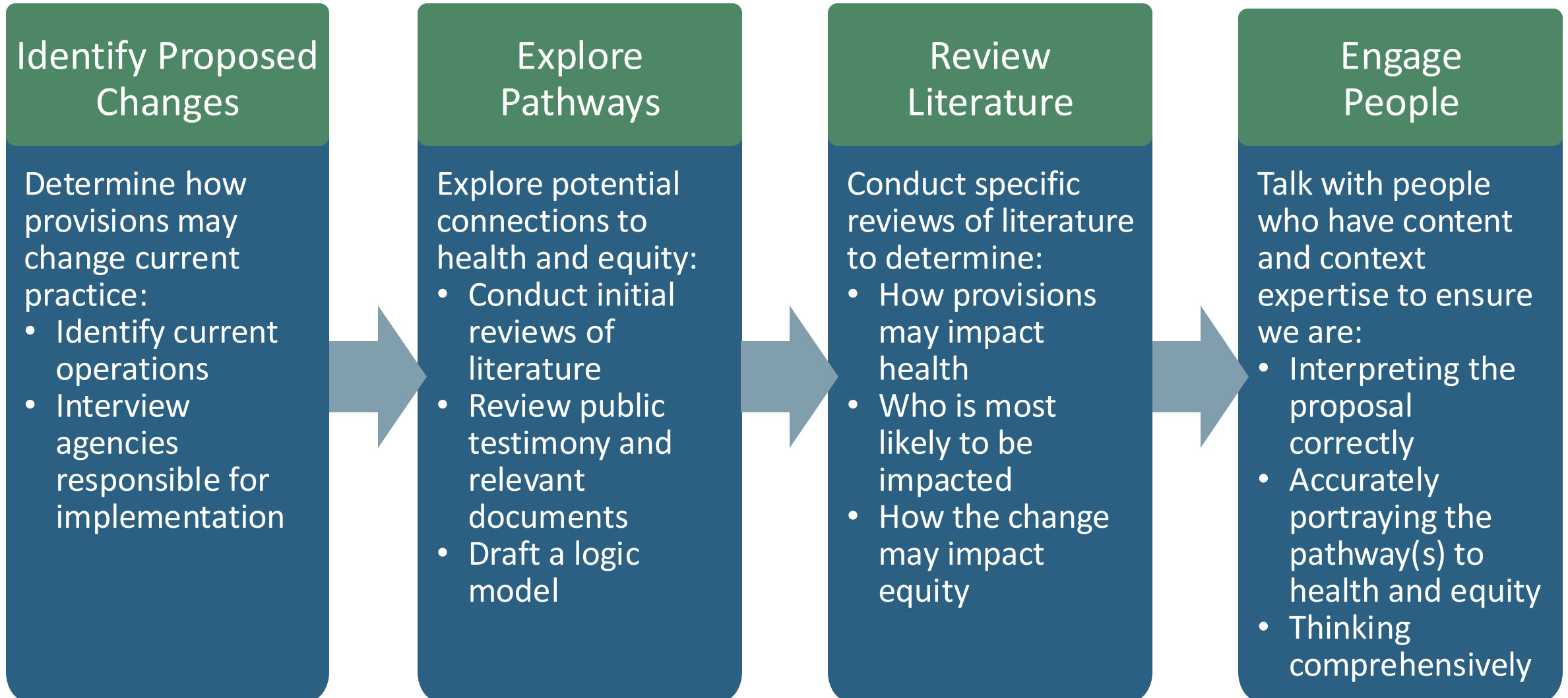
HIRs can be requested for any topic.

- **Objective, nonpartisan, evidence-based analysis**
- Prospective tool
- Determine how a legislative or budgetary change will likely impact **health** and **equity**
- Requested by any state lawmaker or the Governor
- Must be completed in 10 days during legislative session

(RCW 43.20.285)

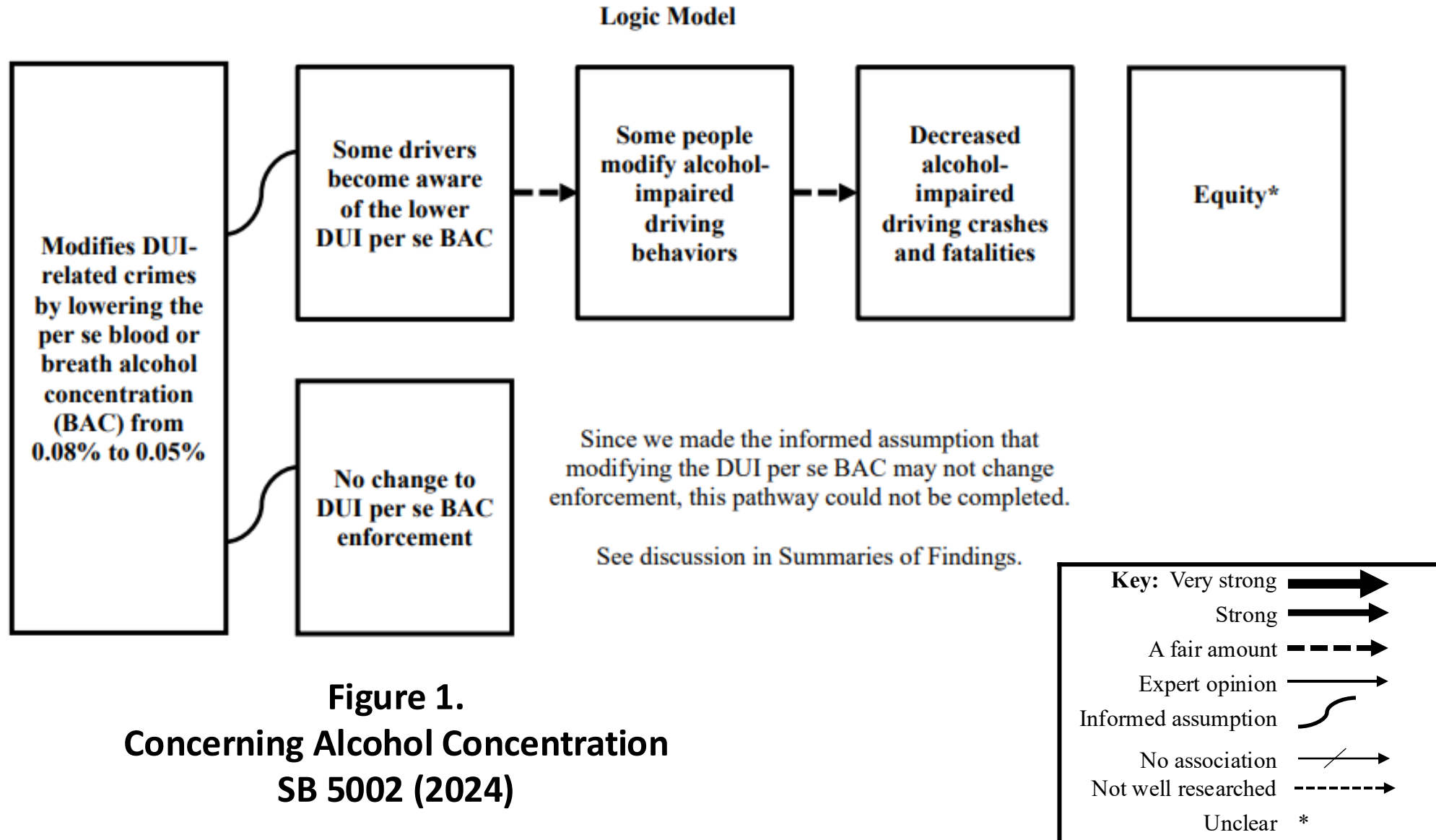


# HIR Process Overview



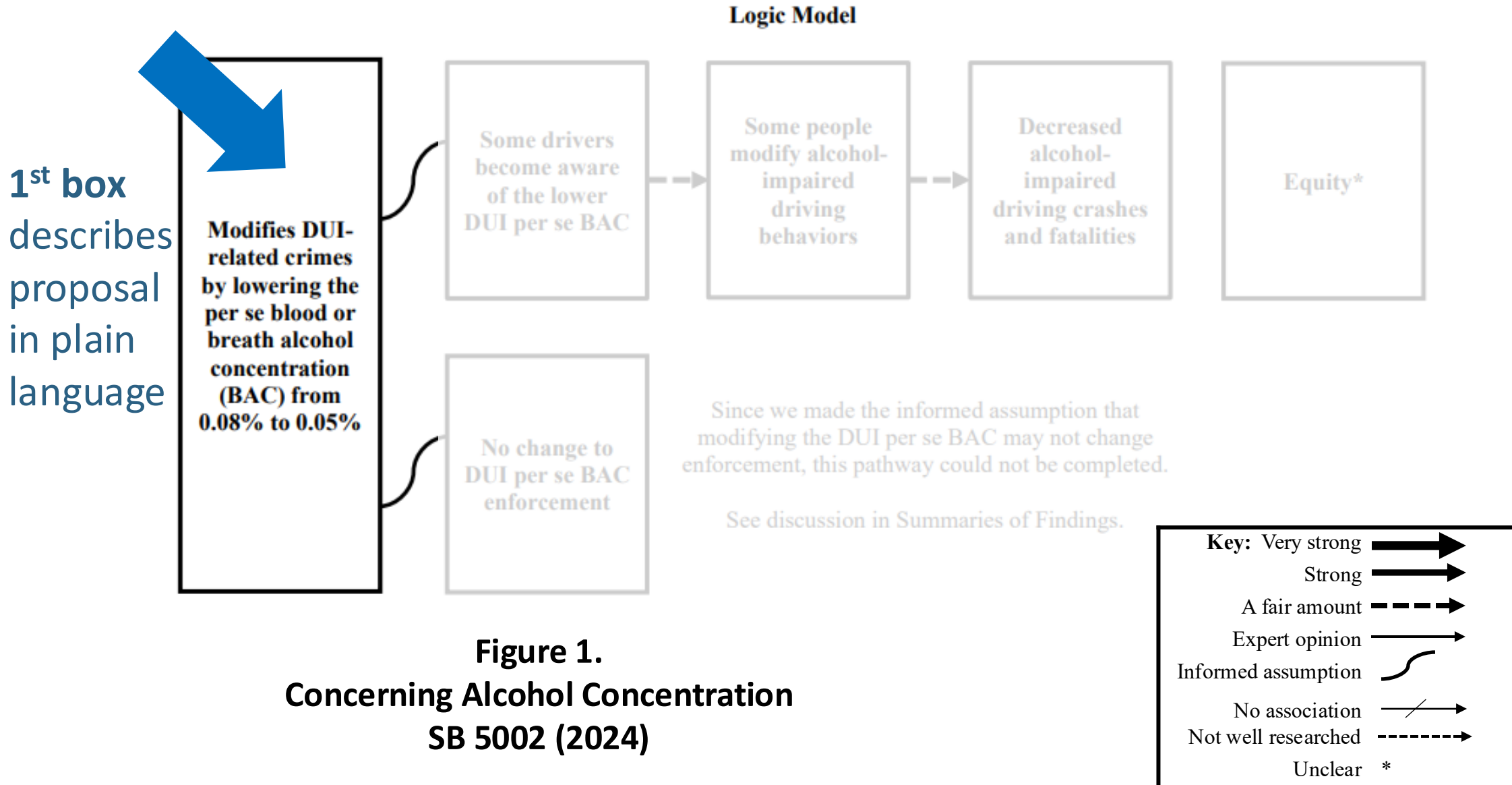


# Example: SB 5002 – Concerning alcohol concentration (2024)

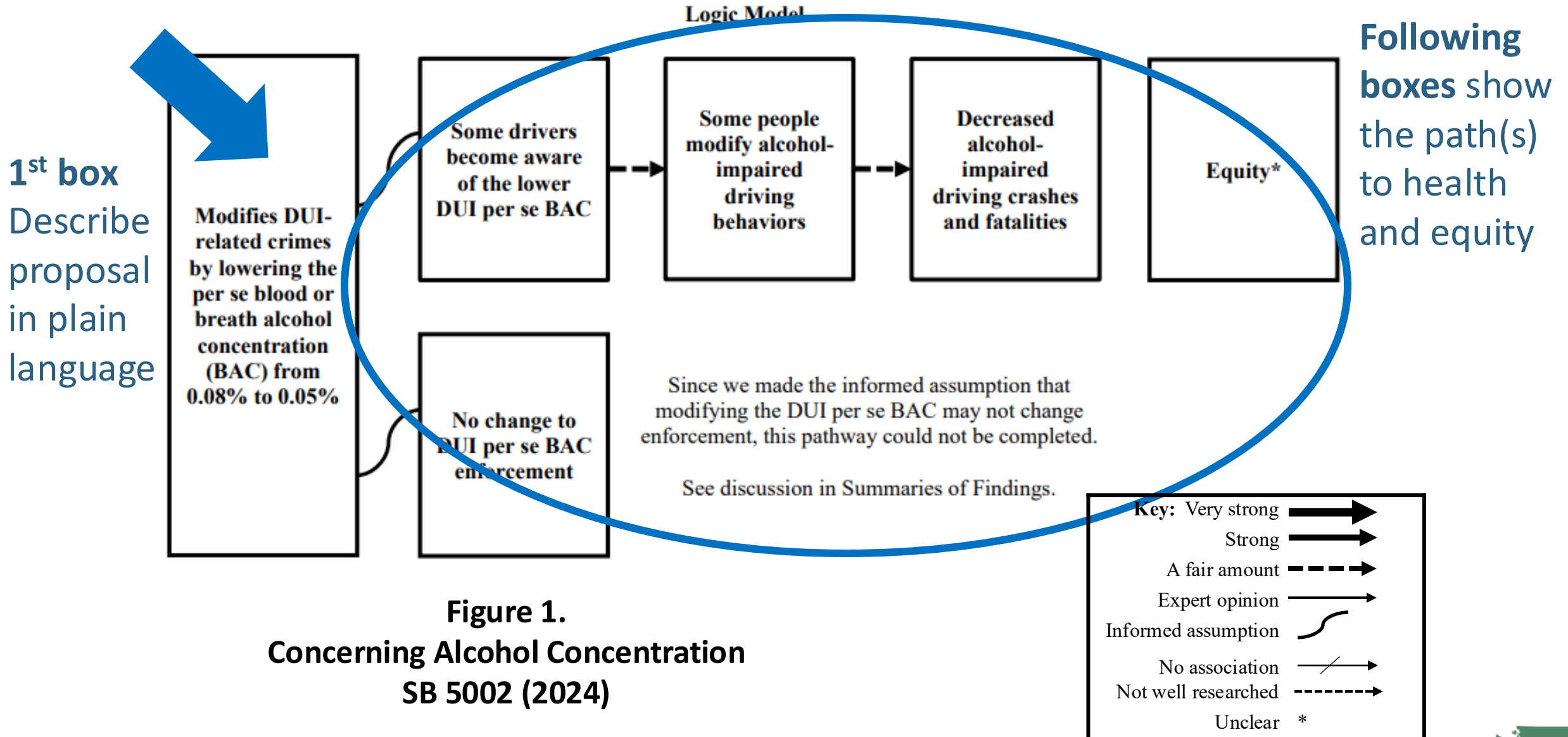


**Figure 1.**  
**Concerning Alcohol Concentration**  
**SB 5002 (2024)**

# Example: SB 5002 – Proposal Provisions

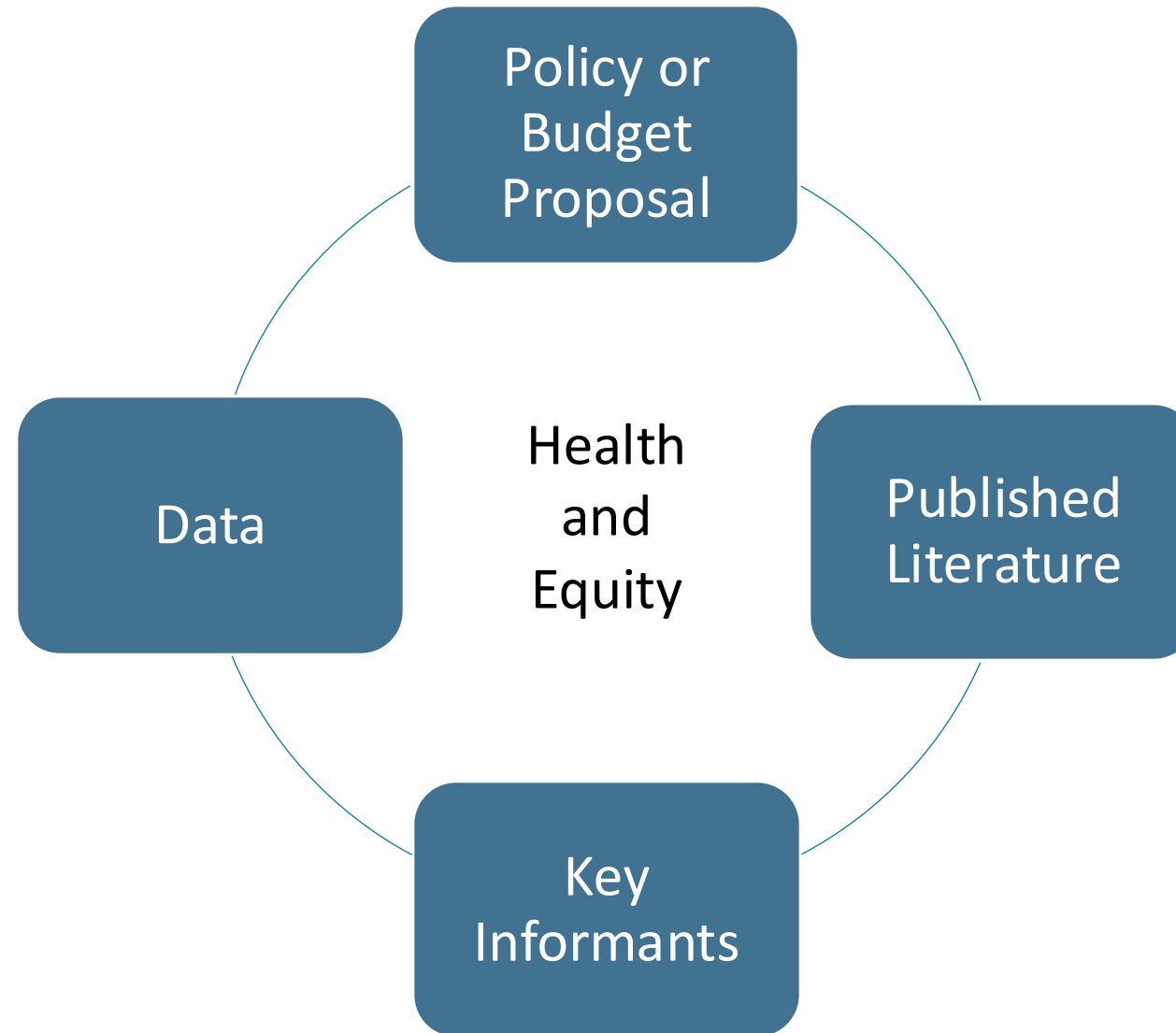


# Example: SB 5002 – Pathways to Health and Equity



**Figure 1.**  
**Concerning Alcohol Concentration**  
**SB 5002 (2024)**

# Contributing Information





# Types of Key Informant Engagement

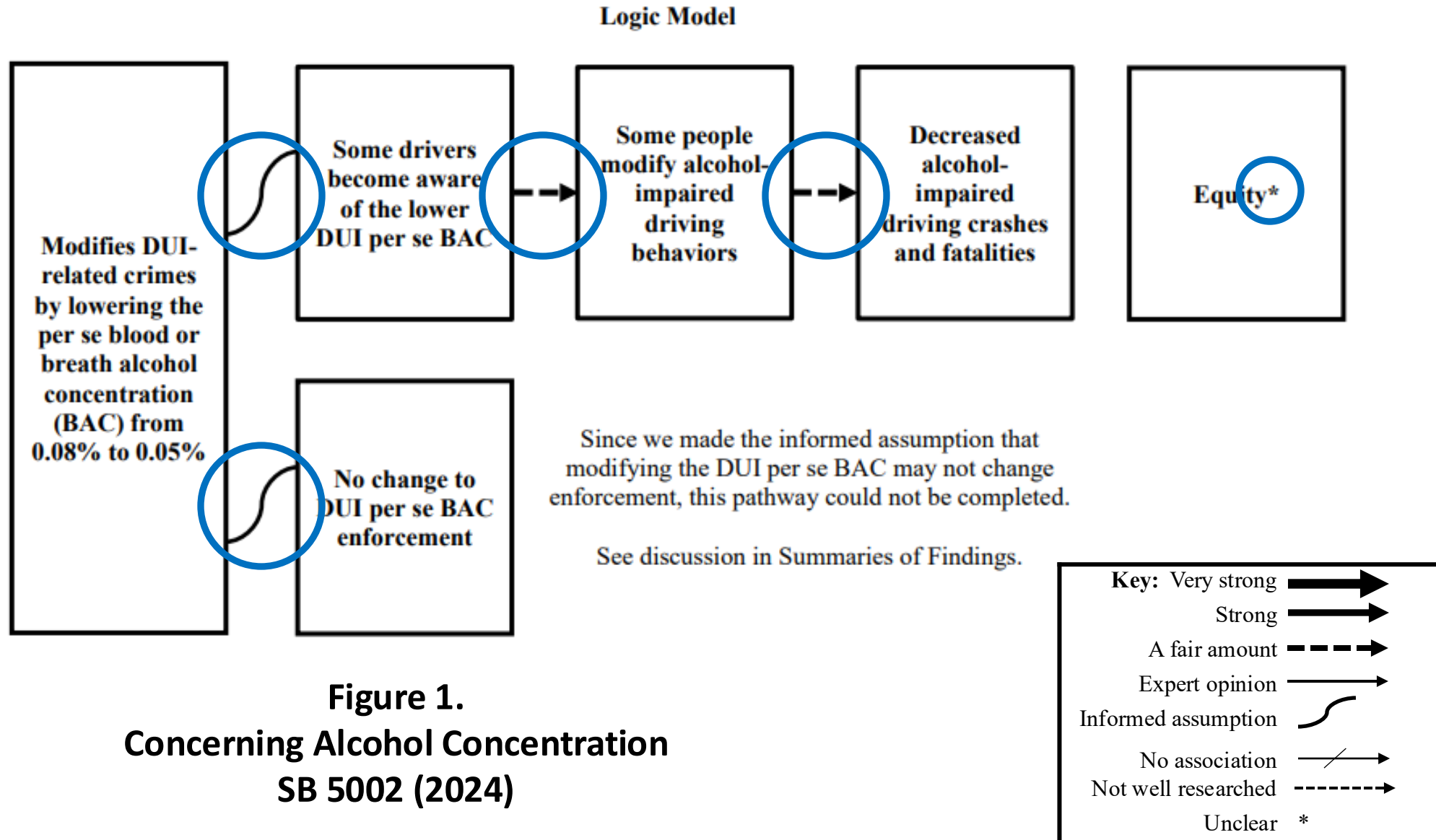


# Priority Considerations for Equity

Inequities are not inherent to a person's unique identity, circumstance, or group affiliation. Rather, they are influenced by social drivers that systematically marginalize groups due to these factors. Inequities can be exacerbated or alleviated by intersecting identities and experiences.

- Age
- Behavioral health status
- Criminal legal system involvement
- Disability status
- Educational attainment
- Employment
- Family status
- Foster care status
- Gender identity
- Geography
- Housing status
- Immigration status
- Indigeneity
- Language / literacy
- Military / Veteran status
- Race / ethnicity
- Religion
- Sex
- Sexual orientation
- Socioeconomic status
- Experience of violence

# Example: SB 5002 – Strength-of-Evidence Ratings



# Strength-of-Evidence Criteria (SOE)

Ratings are based on criteria which consider:

- the amount of research
- appropriateness of study design
- study execution
- generalizability



**VERY STRONG EVIDENCE**

**STRONG EVIDENCE**

**A FAIR AMOUNT OF EVIDENCE**

**EXPERT OPINION**

**INFORMED ASSUMPTION**

**NO ASSOCIATION**

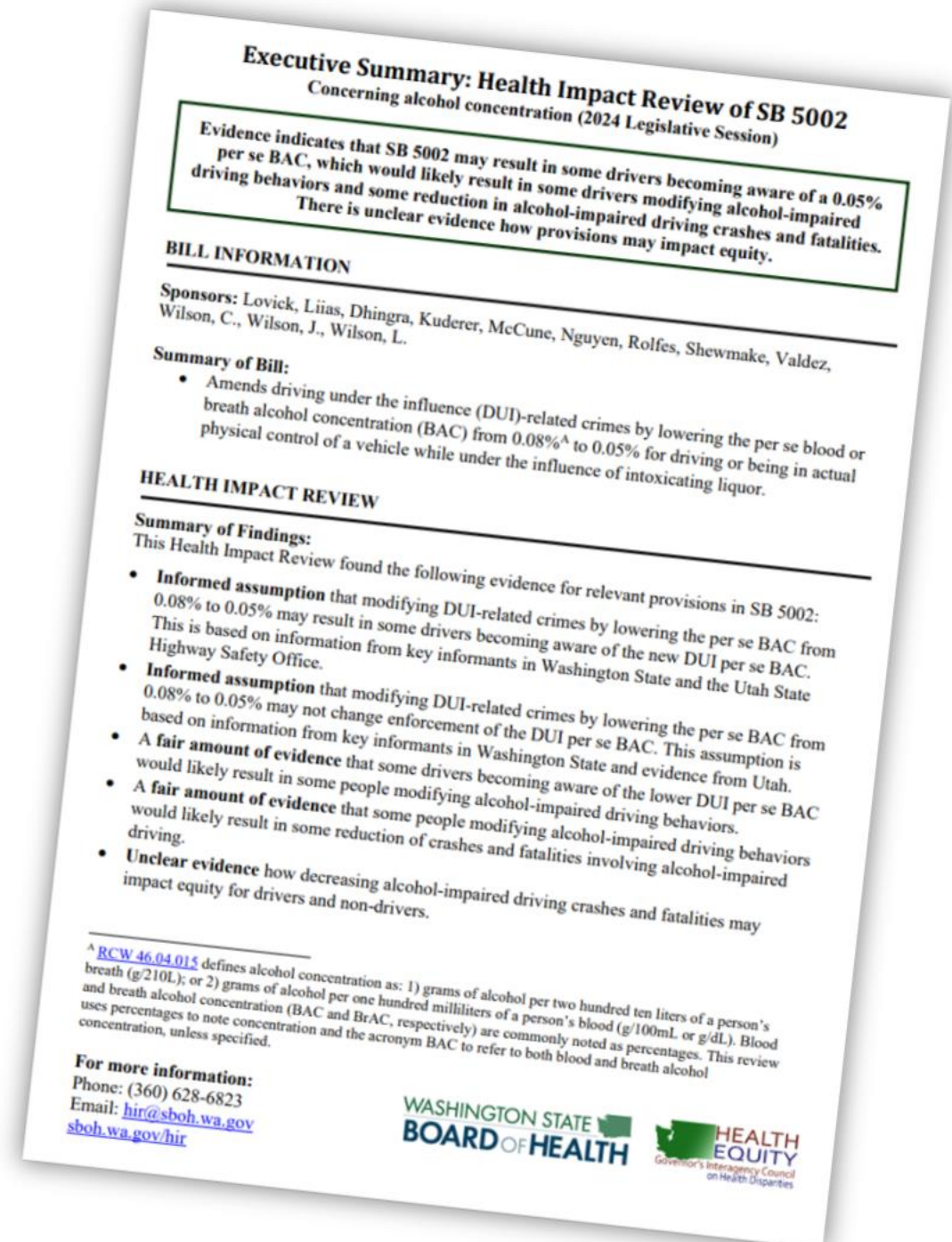
**NOT WELL RESEARCHED**

**UNCLEAR**

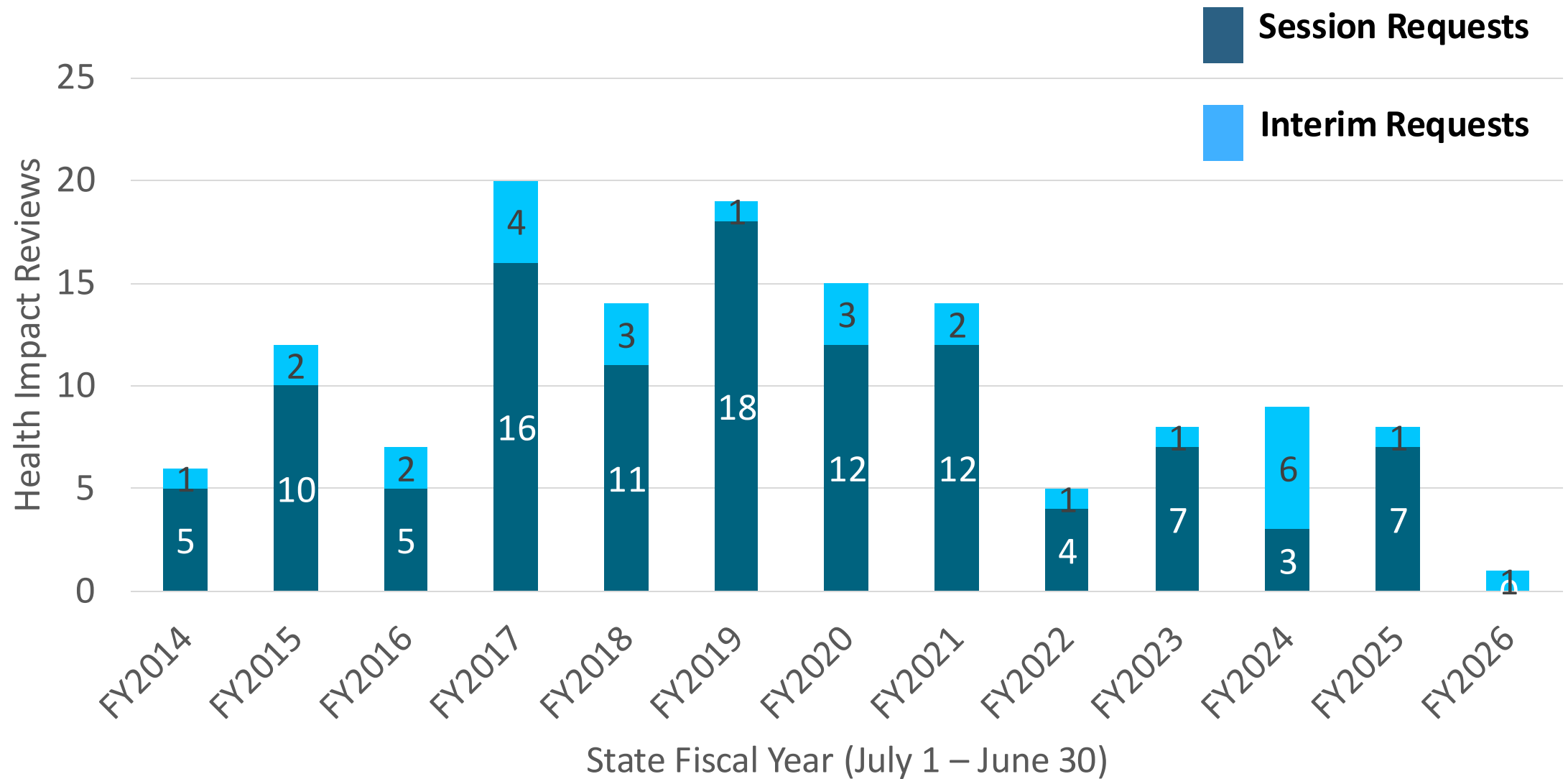


# HIR Deliverable

- Report: ~60-100 pages
- Executive Summary: 1-3 pages
- Summary statement: 1-3 sentences
- Bill summary: High-level bill description
- Logic Model: Visual pathway from provisions to health and equity (in full report)
- Strength-of-Evidence Ratings: Evidence rating for each step in the logic model
- Summaries of Findings: Detailed explanation of findings for each step in the logic model (in full report)
- Annotated references: Brief summaries of each resource cited in the review (in full report)

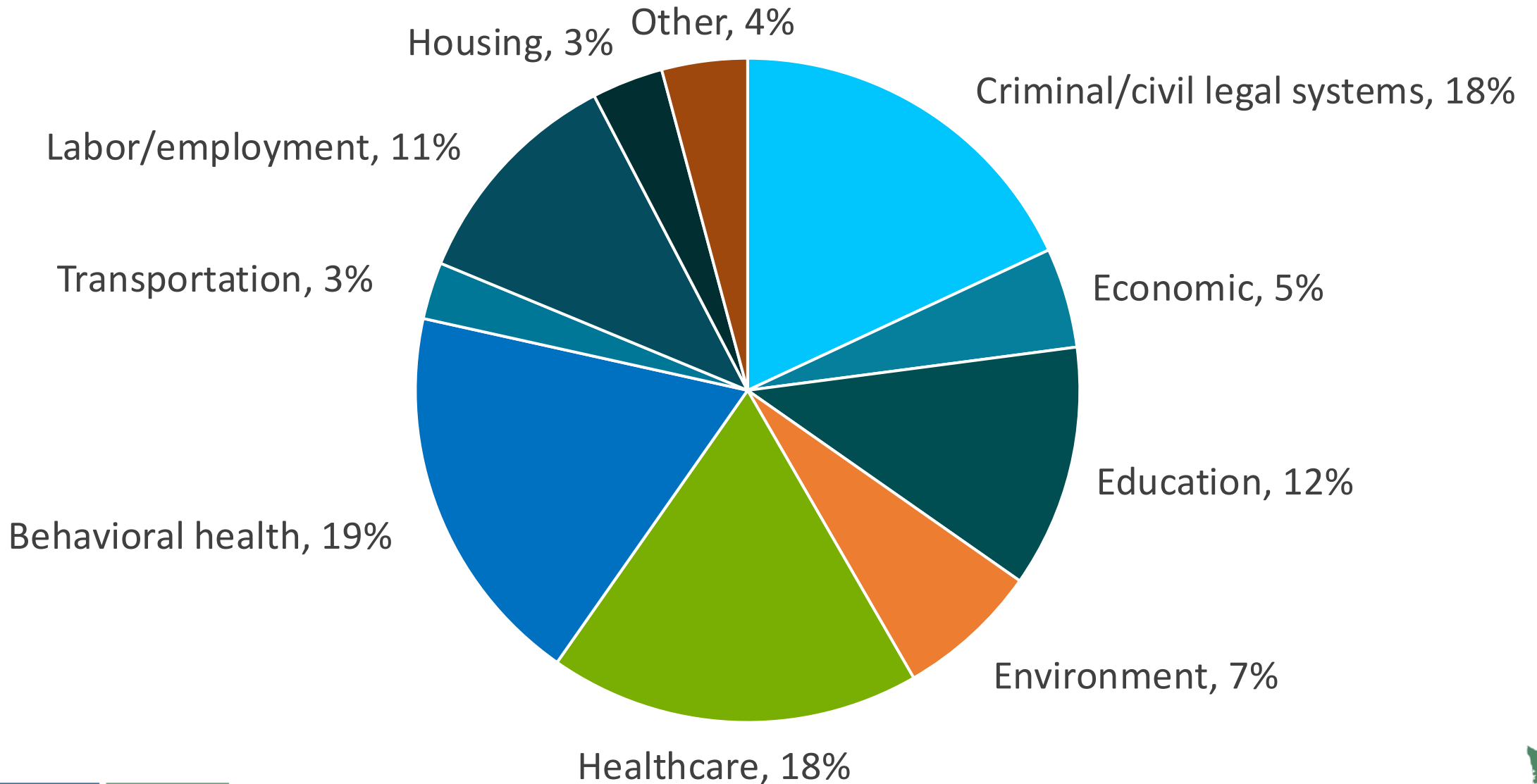


# 138 Completed HIRs



# HIR Requests by Topic Area

Bill topics analyzed 2014-2025 (n=138)



# How HIRs Inform Policy

## Requesters have used HIRs to understand:

- The **evidence base** for a proposal
- If a proposal will have the **intended impact**
- Potential **unintended consequences**
- **Equity implications**

## Requesters have used HIR findings to:

- Talk with colleagues about a proposal
- **Refine a policy**
- Discuss the bill on the floor
- Develop points for **budget negotiations**
- Inform their vote on a bill

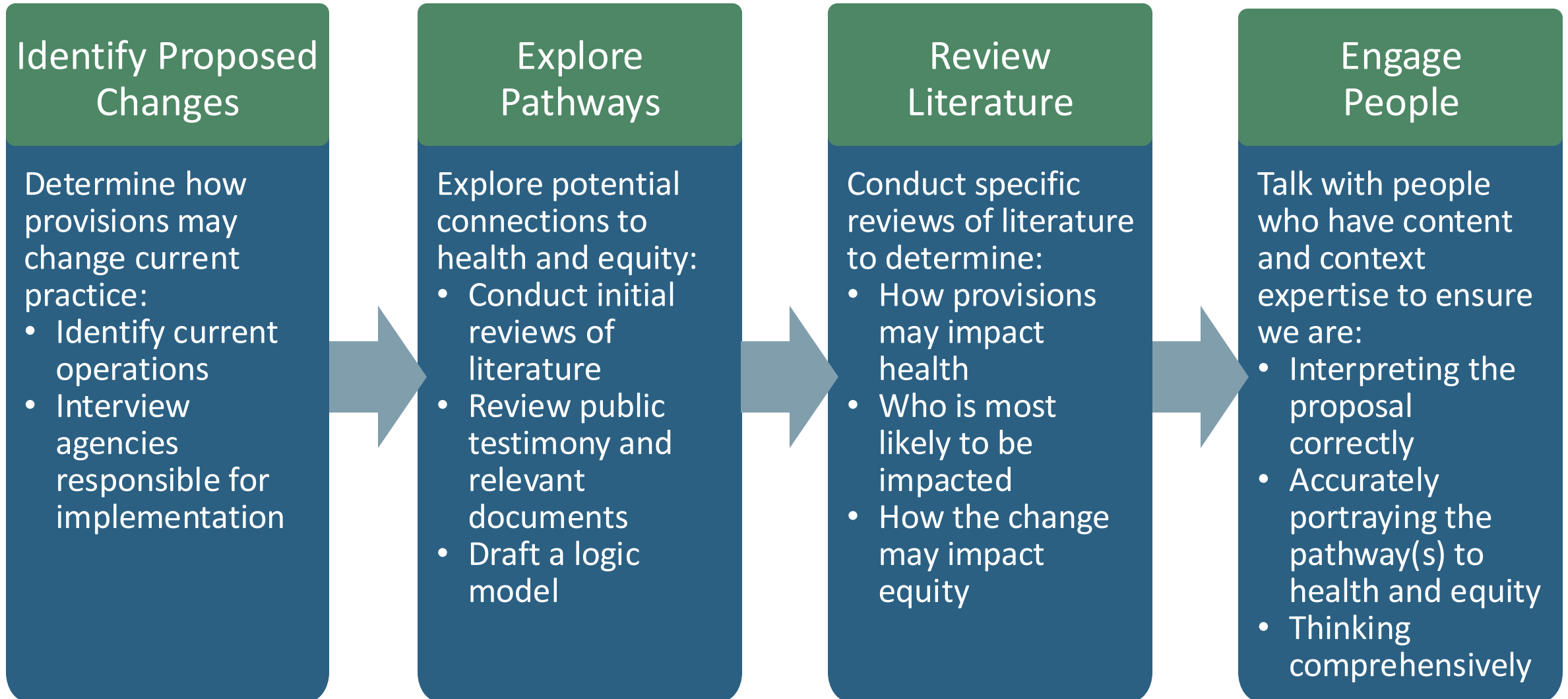




# Advancing a mixed methods approach for health policy analysis to amplify equity

Strength-of-Evidence criteria and lived experience

# HIR Process



# SOE Criteria

Ratings are based on criteria which consider:

- the amount of research
- appropriateness of study design
- study execution
- generalizability



**VERY STRONG EVIDENCE**

**STRONG EVIDENCE**

**A FAIR AMOUNT OF EVIDENCE**

**EXPERT OPINION**

**INFORMED ASSUMPTION**

**NO ASSOCIATION**

**NOT WELL RESEARCHED**

**UNCLEAR**

# Evolution of SOE: Initial Development



2006

- Washington State Legislature passes HIR enacting legislation
- Board staff develop initial HIR methodology



# HIR Enacting Legislation

The review shall be based on the best available **empirical information** and **professional assumptions** available...

([RCW 43.20.290](#), Laws of 2006)

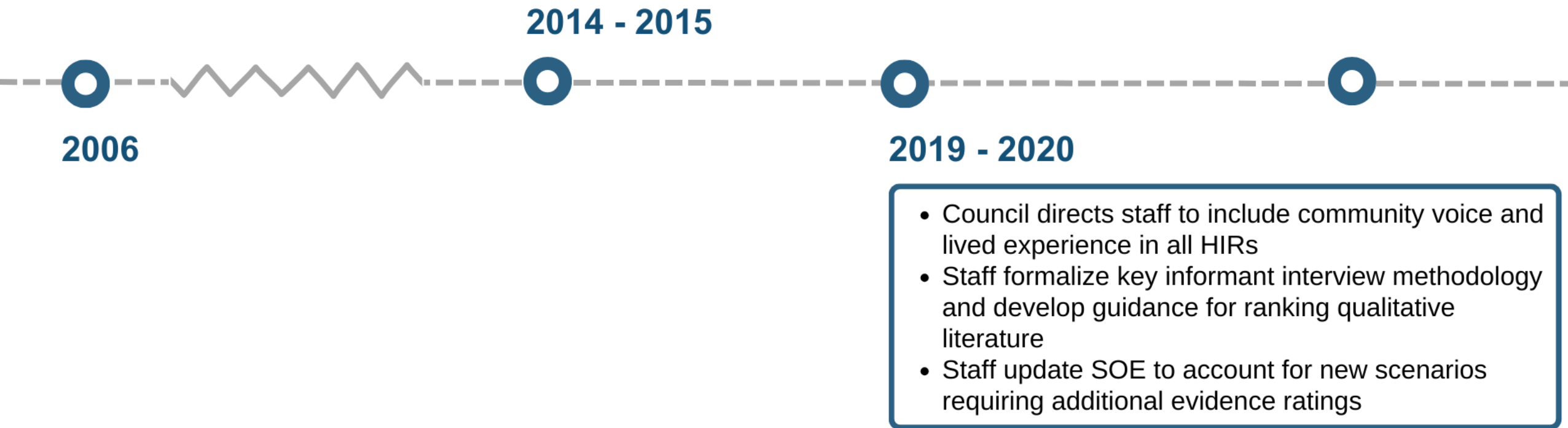
# Evolution of SOE: Pilot Testing

- HIRs reinstated
- Staff establish current form of SOE
  - SOE criteria reviewed and pilot tested with University of Washington, Master's of Public Health students
  - SOE criteria beta-tested

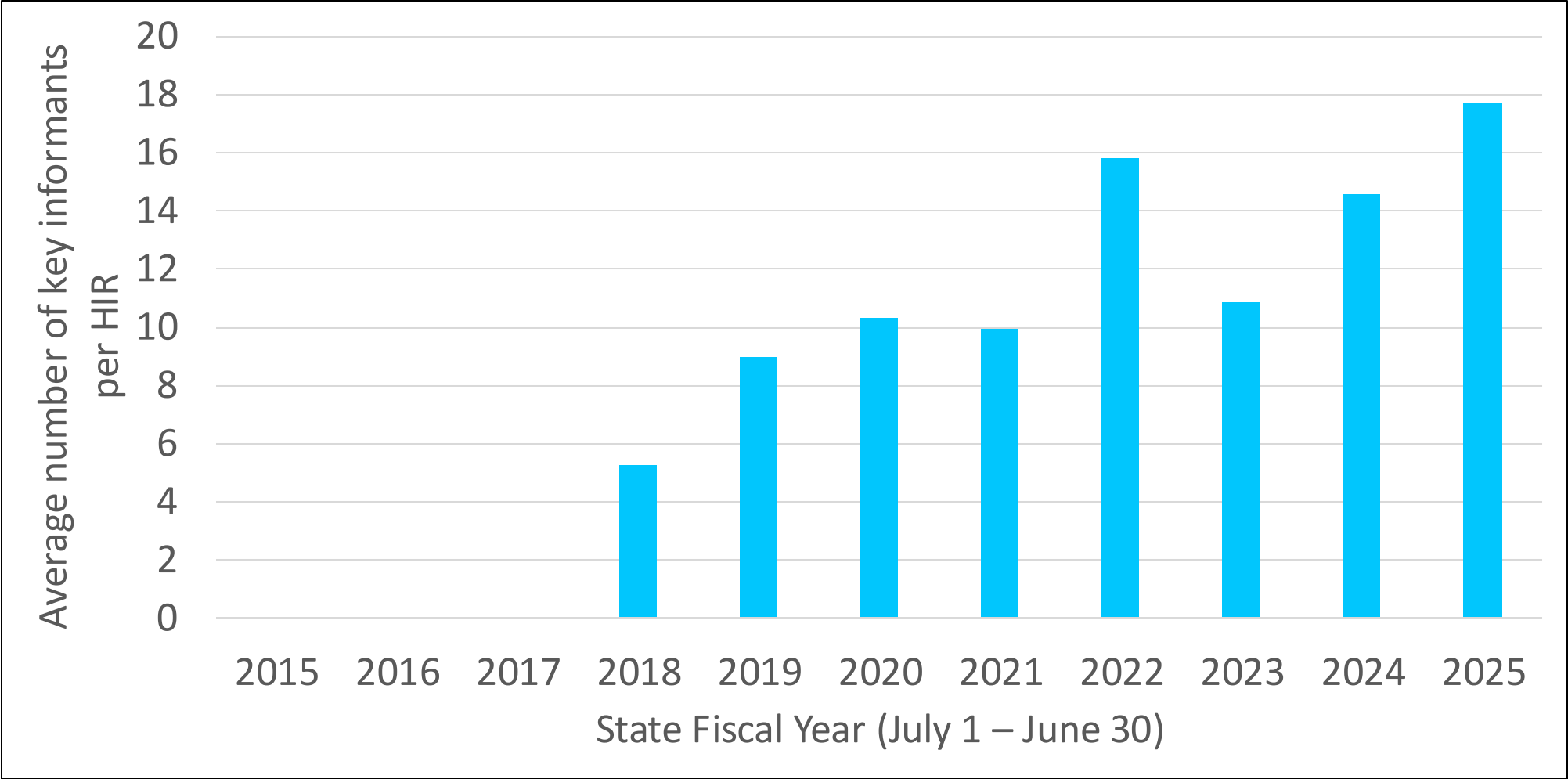
2014 - 2015

2006

# Evolution of SOE: Community Voice



# Average number of key informants per HIR by fiscal year

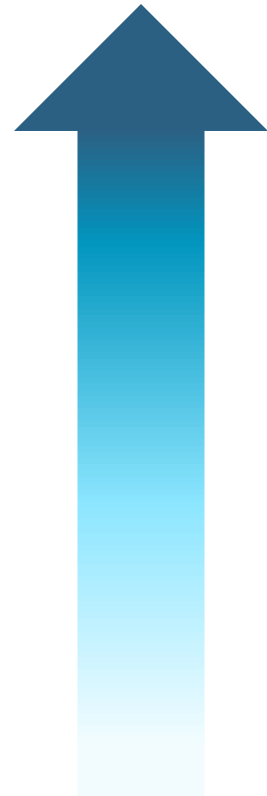


# Multiple Types of Evidence

Review of literature and data	Key informant interviews
<ul style="list-style-type: none"><li>• Published literature<ul style="list-style-type: none"><li>○ Quantitative</li><li>○ Qualitative</li><li>○ Reviews/meta-analyses</li></ul></li><li>• Data (published, unpublished)</li><li>• Reports (published, unpublished)</li></ul>	<ul style="list-style-type: none"><li>• Key informant interviews<ul style="list-style-type: none"><li>○ Washington State agencies</li><li>○ Agencies in states outside of Washington State</li><li>○ Researchers</li><li>○ Professional associations</li><li>○ Community organizations</li><li>○ People with lived experience most likely to be impacted by the bill</li></ul></li></ul>



# Eight SOE Categories



**VERY STRONG EVIDENCE**

**STRONG EVIDENCE**

**A FAIR AMOUNT OF EVIDENCE**

**EXPERT OPINION**

**INFORMED ASSUMPTION**

**NO ASSOCIATION**

**NOT WELL RESEARCHED**

**UNCLEAR**

# Sample considerations for ranking each resource

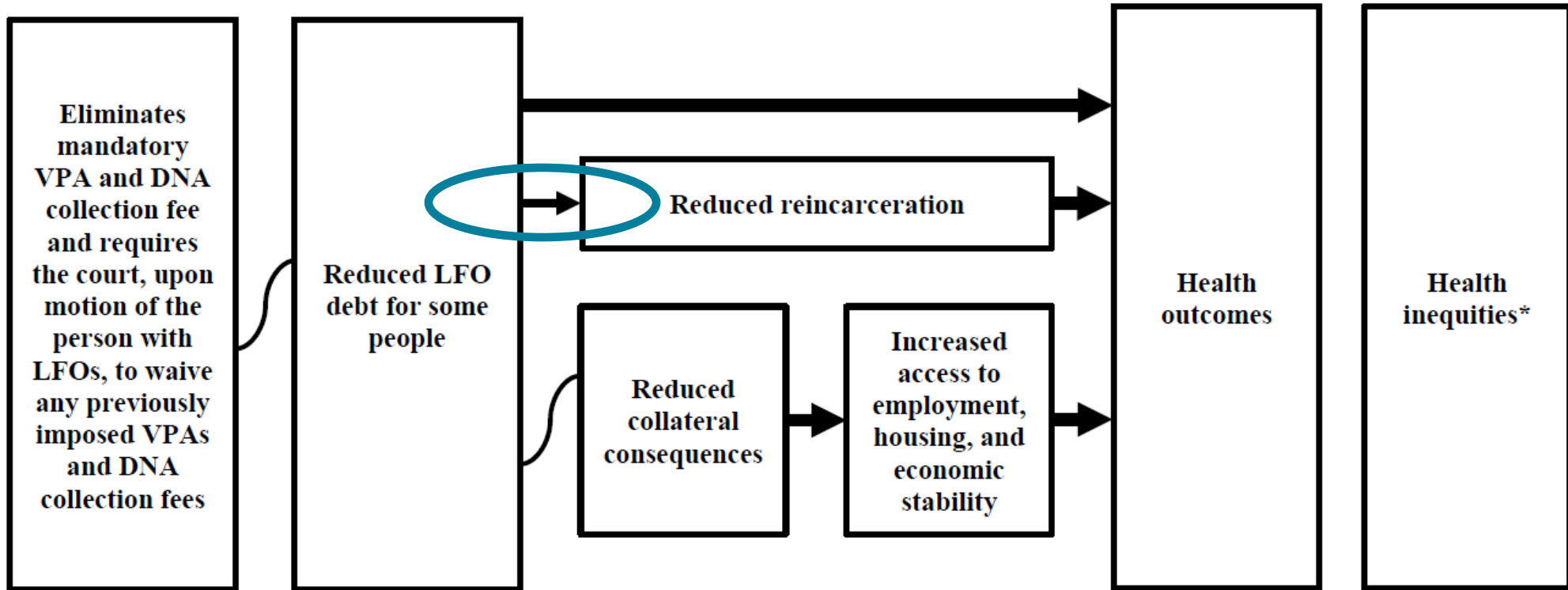
Criteria	Example considerations for ranking	Available rankings
Association	<ul style="list-style-type: none"> <li>Does evidence generally support the association predicted in the logic model?</li> <li>Is the body of evidence generally in alignment or conflicting?</li> </ul>	<ul style="list-style-type: none"> <li><i>Predicted</i></li> <li><i>Opposite of predicted</i></li> <li><i>No association</i></li> <li><i>Conflicting findings</i></li> </ul>
Appropriateness of study design	<ul style="list-style-type: none"> <li>Did the study use the most appropriate methodology to examine the research question?</li> <li>Did the authors use appropriate inclusion/exclusion criteria?</li> </ul>	<ul style="list-style-type: none"> <li><i>Most appropriate</i></li> <li><i>Moderately appropriate</i></li> <li><i>Less appropriate</i></li> </ul>
Study execution	<ul style="list-style-type: none"> <li>Did the study have an appropriate response rate or sample size?</li> <li>Did the study authors discuss or account for potential limitations or biases?</li> </ul>	<ul style="list-style-type: none"> <li><i>Good</i></li> <li><i>Fair</i></li> <li><i>Poor</i></li> </ul>
Generalizability	<ul style="list-style-type: none"> <li>Do study populations include or reflect Washington State or groups impacted by the bill?</li> </ul>	<ul style="list-style-type: none"> <li><i>Highly</i></li> <li><i>Moderately</i></li> <li><i>Slightly</i></li> </ul>

# Example of Rating Body of Evidence

## I. Overall, the body of evidence supports the association

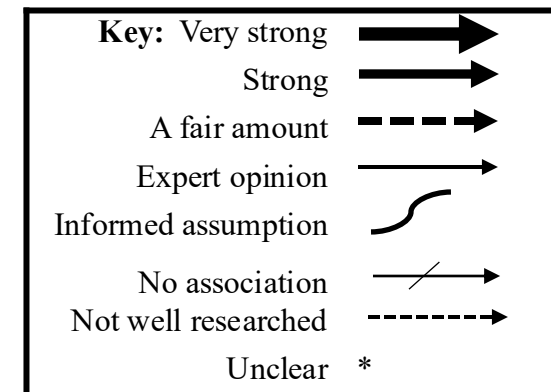
Design <i>Majority of studies used the...</i>	Execution <i>Majority of studies have...</i>	Generalizability <i>Majority of studies are...</i>	Number of studies	Percentage of studies that support the association	Strength-of-Evidence
Most appropriate study designs	Good execution	Highly generalizable	11+	90-100%	<b>Very strong</b> <i>Note: “Very strong” implies that the premise is well-accepted by the scientific community. If inaccurate, consider downgrading to “strong.” Also consider downgrading if you find strong studies that do not support this (Appendix M).</i>
				70-89%	<b>Strong</b>
				60-69%	<b>A fair amount</b>
			5-10	<60%	<i>Appendices E, N, and O</i>
				90-100%	<b>Strong</b>
				60-89%	<b>A fair amount</b>
				<60%	<i>Appendices E, N, and O</i>
			1-4	60-100%	<b>A fair amount</b>
				<60%	<i>Appendices E, N, and O</i>
				<60%	<i>Appendices E, N, and O</i>
		Moderately generalizable	5+	100%	<b>Strong</b>

# Example of SOE Summary



## HB 1169, Concerning legal financial obligations (LFOs) (2023)

- **Strong evidence** that reducing LFO debt for some people may reduce reincarceration.



# Evolution of SOE: Current Work

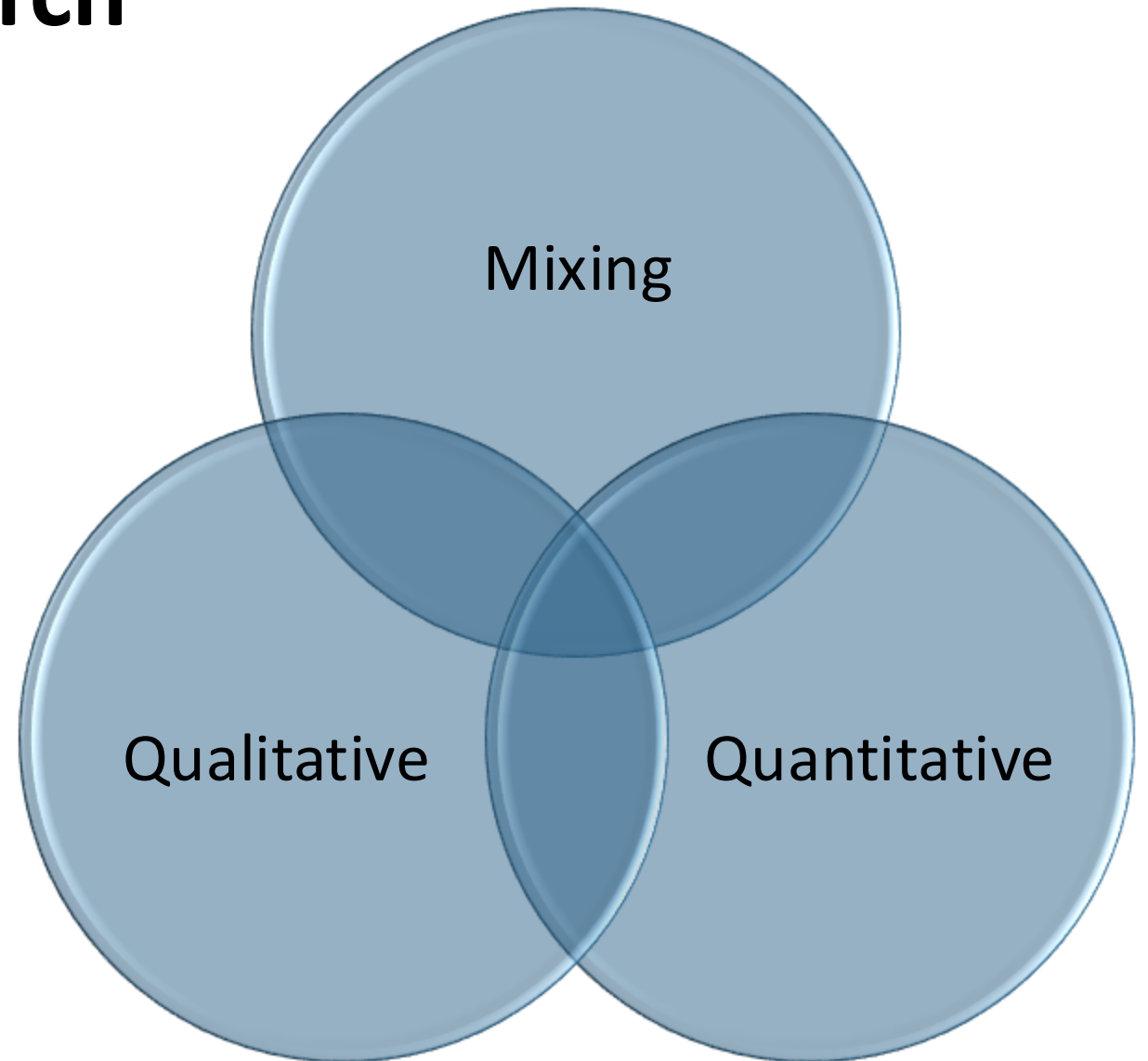




# Mixed Methods Research

“A systematic approach to data collection and analysis that combines different sources of data and quantitative and qualitative analytical procedures with the intention to engage multiple perspectives to understand complex social phenomenon more fully.”

—Dr. Elizabeth Creamer (2021)



Graphic from E. G. Creamer, 2024

# SOE Ratings Based on Source of Information

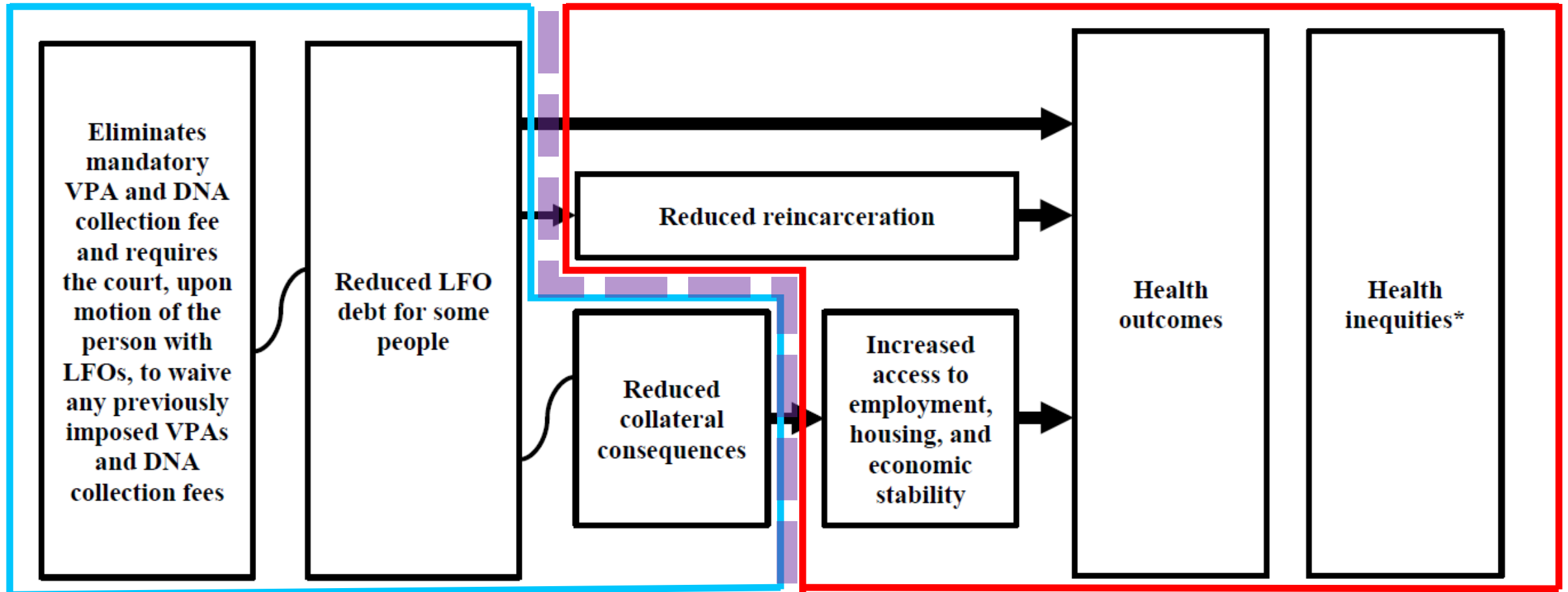
SOE categories predominately informed by information from key informants	SOE categories predominately informed by review of literature
EXPERT OPINION INFORMED ASSUMPTION	VERY STRONG EVIDENCE STRONG EVIDENCE A FAIR AMOUNT OF EVIDENCE  NO ASSOCIATION NOT WELL RESEARCHED UNCLEAR

**Blue** steps in the logic model:

Predominately informed by  
information from key informants

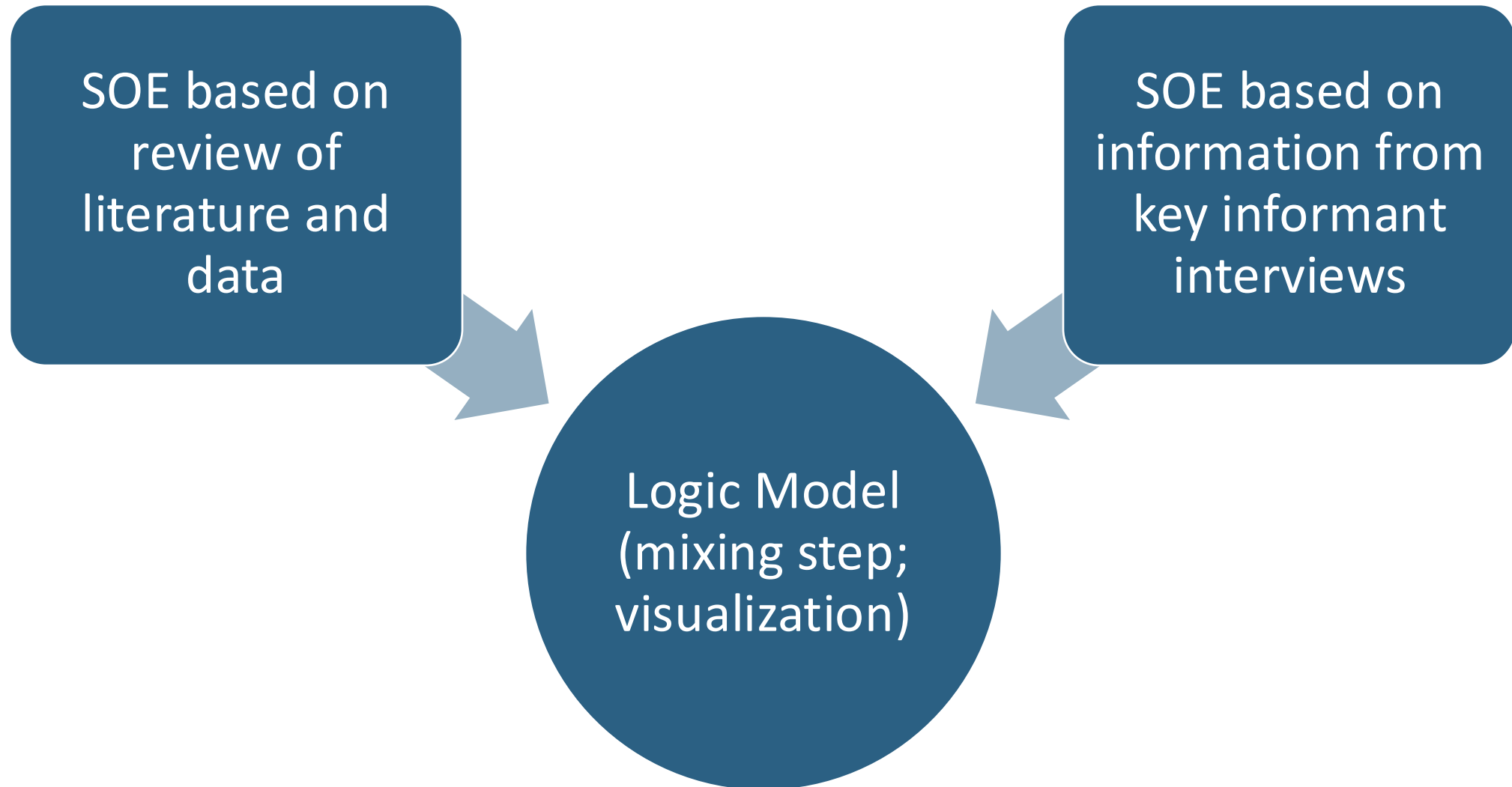
**Red** steps in the logic model:

Predominately informed by review of literature



**Purple** transition point occurs in each HIR, where SOE switches from being predominately informed by information from key informants to predominately informed by review of literature

# Toward Mixed Methods



# Lessons Learned Since 2024

1. Intent of method and process improvements has been to increase consideration of and build equity into the HIR tool.
2. Our methods are unique and robust.
3. Our methods are a mixed methods approach.





# Where do we go from here?

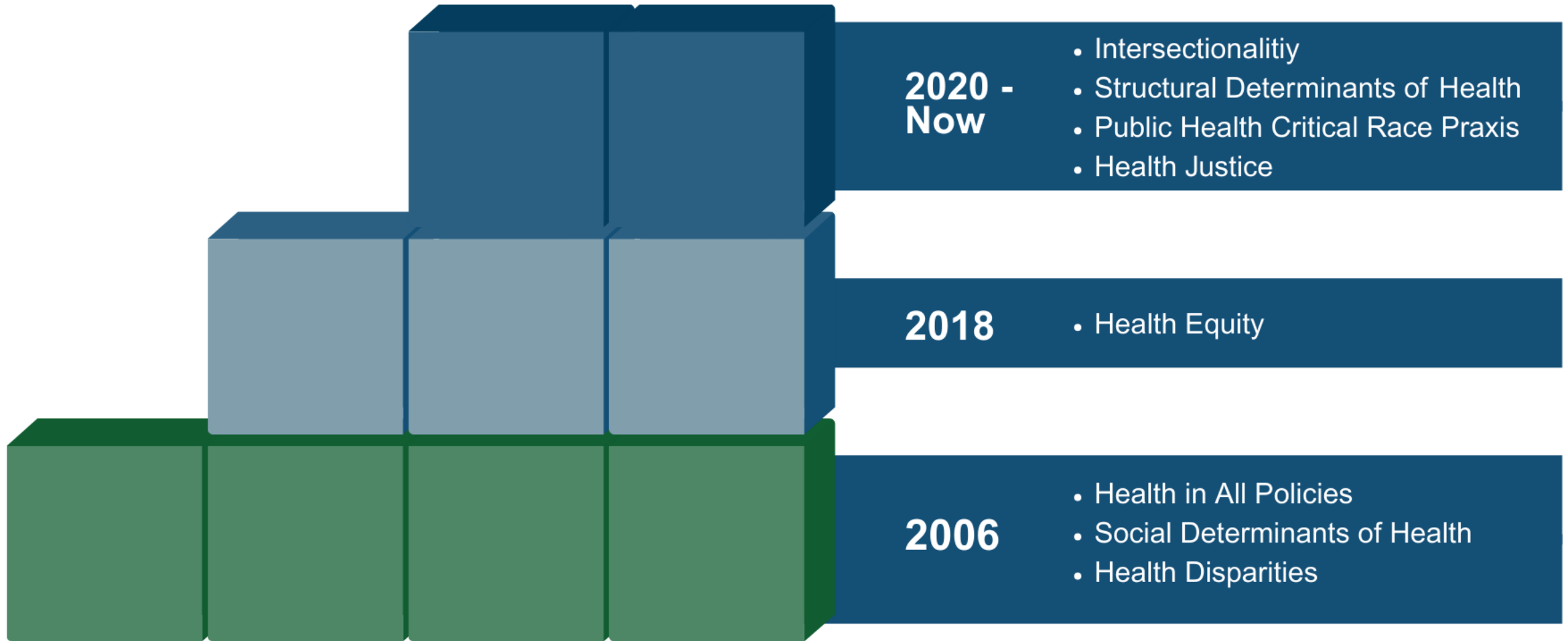
1. In what ways can mixed methods more formally or deliberately inform HIR methods and processes?
2. How do we balance methods and process improvement changes with the 10-day turnaround required by law?



# **Evolving policy analysis to center health justice and root causes of health inequities**

Ever evolving frames and language

# Evolution of Frameworks used in HIRs



# Health in All Policies (HiAP)

## Overview/History

- “A strategy to assist leaders and policymakers in **integrating considerations of health, well-being, and equity** during the development, implementation, and evaluation of policies and services” (Pepin, Winig, Carr, and Jacobson, 2018).
- Resulting from movements beginning in the 1970’s and 80’s.

## Application to HIRs

- HIR program begins in 2006
- No limits on what topics a legislator may request an HIR

# Social Determinants of Health (SDOH)

## Overview/History

- “Non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. **These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems”** (WHO, 2008).



Image source: <https://www.cdc.gov/public-health-gateway/php/about/social-determinants-of-health.html>

# SDOH in HIRs

## Application to HIRs

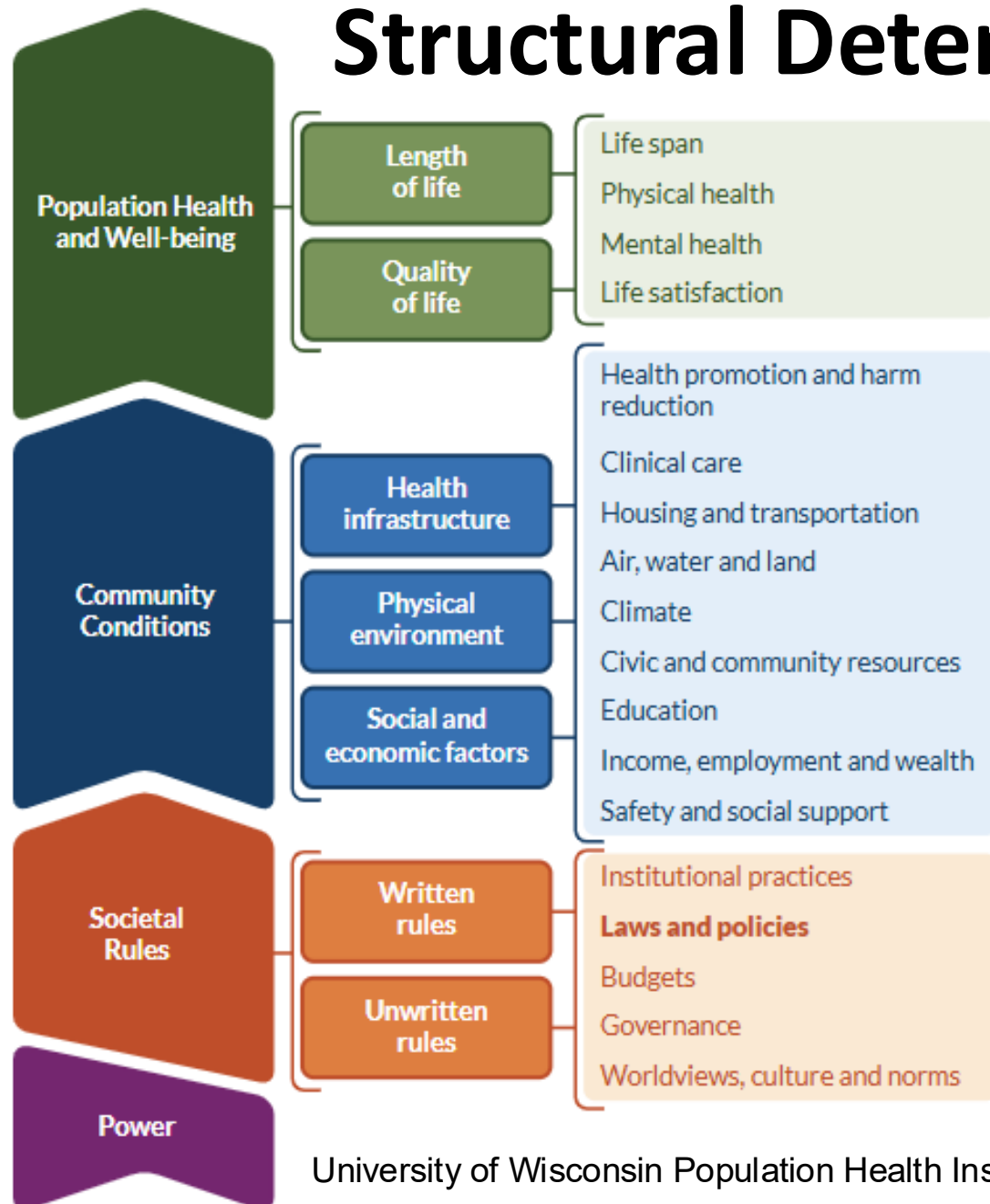
- “The review should consider direct impacts on health disparities as well as **changes in the social determinants of health**” (RCW 43.20.285).
- HIRs are generally requested on policies related to the social determinants of health.



Image source: <https://www.cdc.gov/public-health-gateway/php/about/social-determinants-of-health.html>



# Structural Determinants of Health (StrDOH)



- The written and unwritten rules that create, maintain, or eliminate durable and hierarchical patterns of advantage between socially constructed groups in the conditions that affect health, and
- The manifestation of power relationships in that people and groups with more power based on current social structures work—implicitly and explicitly—to maintain their advantage by reinforcing or modifying these rules (Heller et al. 2024).

# Structural and Social Determinants of Health



- “Policies **intervening on the social determinants will have impacts mediated** by the prevailing governance ideologies, fiscal policies, institutional practices, culture, and norms—targets of interventions in the structural determinants of health—and their potential **impact may therefore be bounded**” (Heller et al. 2024).

# StrDOH in HIRs

## Application to HIRs

- HIR requests typically relate to social determinants of health
- Systems-focused language
  - ***Do the policy provisions change the structural causes driving inequities?***
- Discussion of equity woven throughout report, not limited to the “Equity” section
- Continuing to refine how we discuss structural determinants of health

# Health Disparities

## Overview/History

- “**Differences** [in health] that occur by gender, race or ethnicity, education or income, disability, living in rural localities, or sexual orientation” (Healthy People 2010).
- “**Differences** in incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the [U.S.]” (NIH, 2014).

## Application to HIRs

- “The **review should consider direct impacts on health disparities** as well as changes in the social determinants of health” (RCW 43.20.285).
- Early logic models connect provisions to health and health disparities

# Health Equity

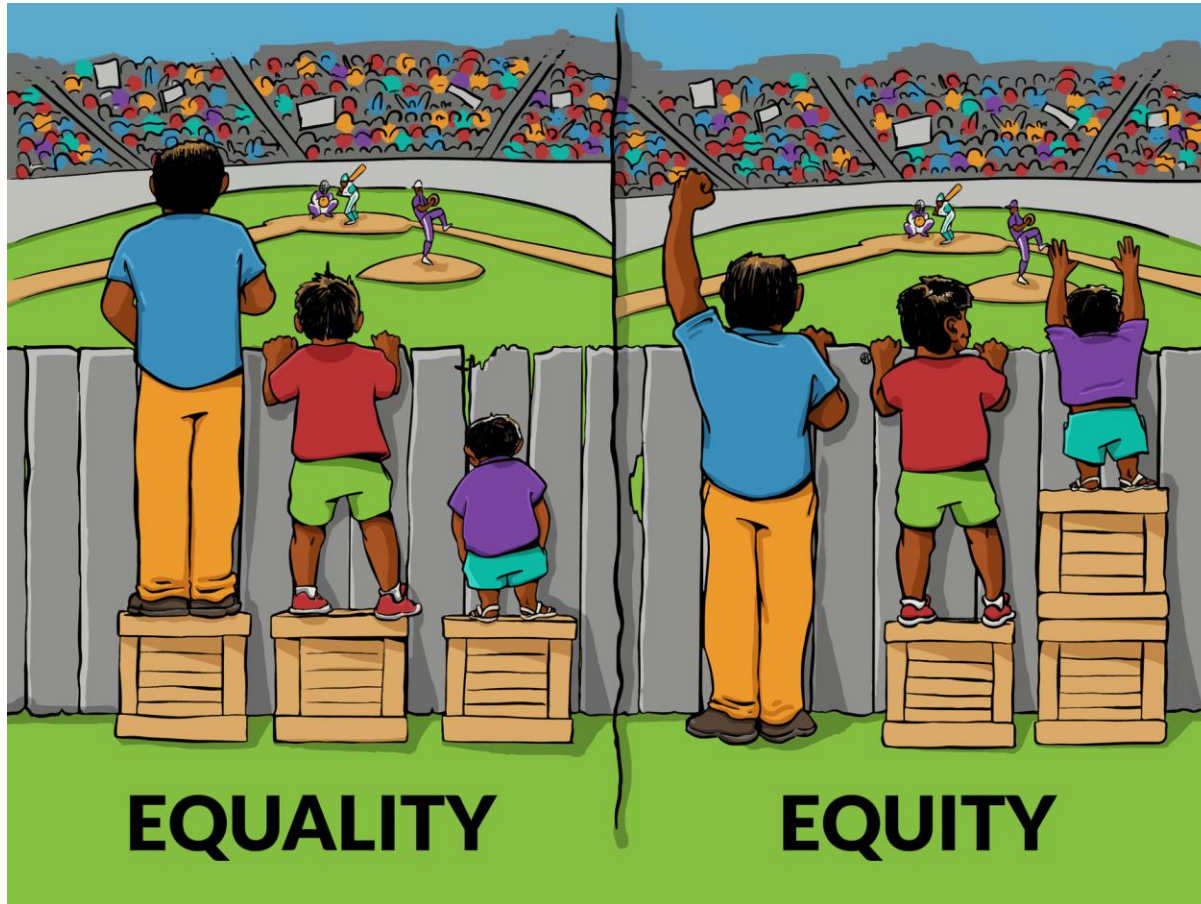


Image source: <https://interactioninstitute.org>;  
Artist: Angus Maguire

## Application to HIRs

- Logic model connects bill provisions to health and health *inequities*
- Primary qualitative data collection
  - More iterative logic model with more emphasis on proposal implementation steps
  - Community preferred language
  - Equity populations
- Focus on systems and *why* inequities exist
- Compensation to eligible key informants

# Health Justice

## Overview/History

- “An approach to health disparities [and inequities] that **begins with the recognition of structural inequality**” (Harris, 2020).
- Seeking to create conditions for people to reach their fullest potential (Harris, 2020).

## 6 Aspects of a Health Justice Framework (Wiley, 2023)

- Collaboration across areas of study and work
- Upstream interventions that address root causes
- Adaptability
- Racial justice
- Advocacy for systems changes
- Community-based strategies

# Health Justice in HIRs

## Application to HIRs

- Focus on root causes
- Collaboration across other sectors
- Community use of HIRs
- Requests are more exploratory, and bills are more complex compared to early program requests





# Health Justice Visualized

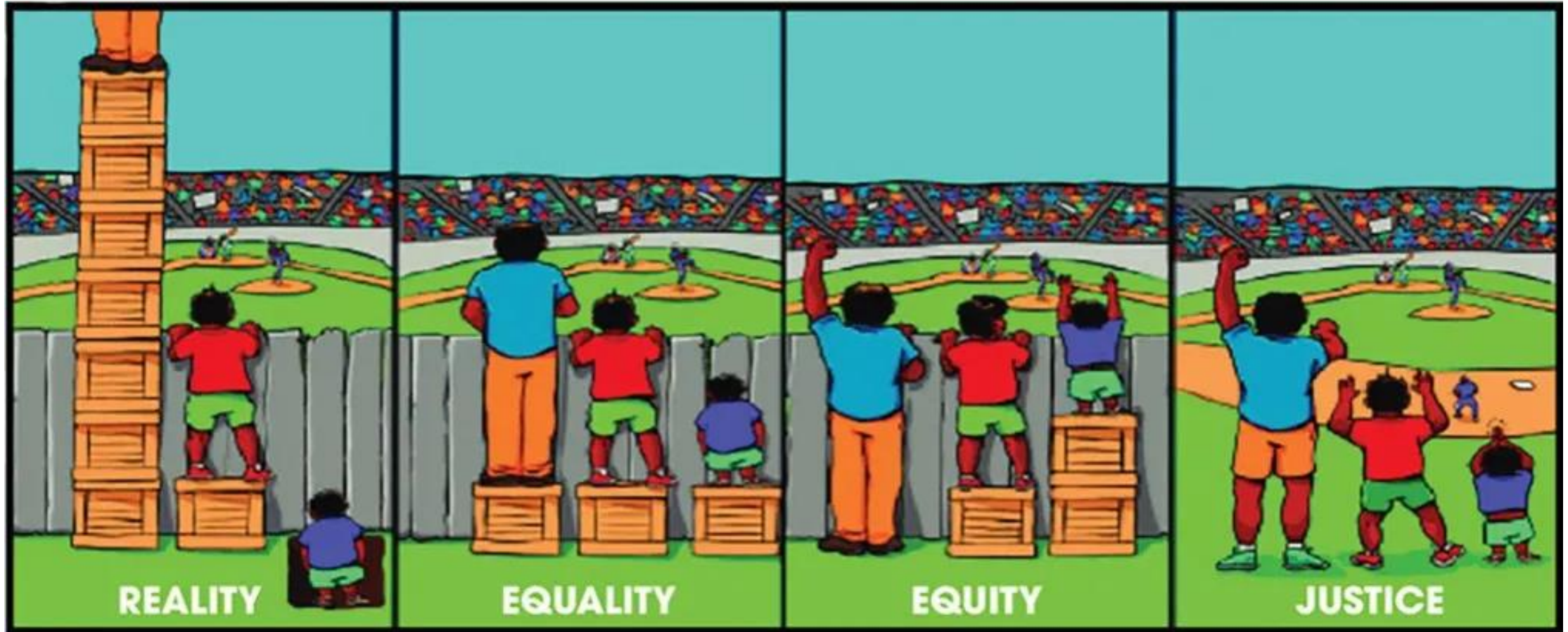
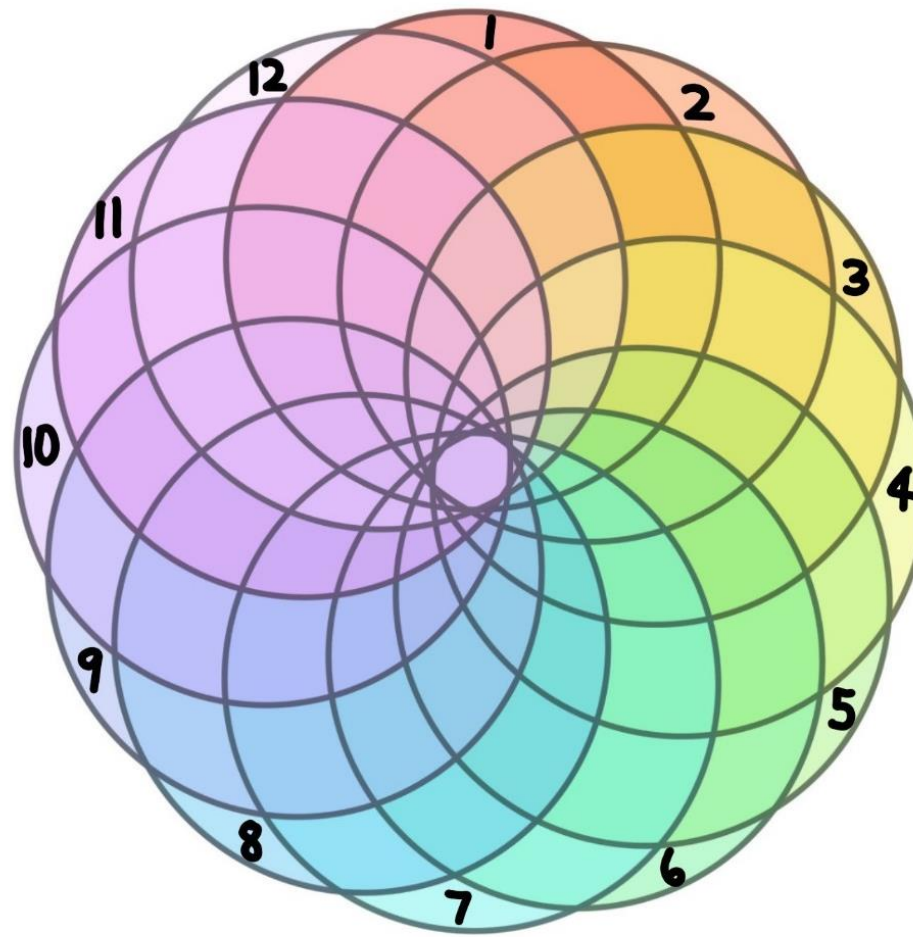


Image accessed at: <https://washingtonbreathes.org/priorities/address-disparities> and attributed to @restoringracialjustice

# Intersectionality

## Application to HIRs

- Recognition that inequities can be exacerbated or alleviated by **intersecting identities and experiences**
- Discussion of intersectionality in equity sections



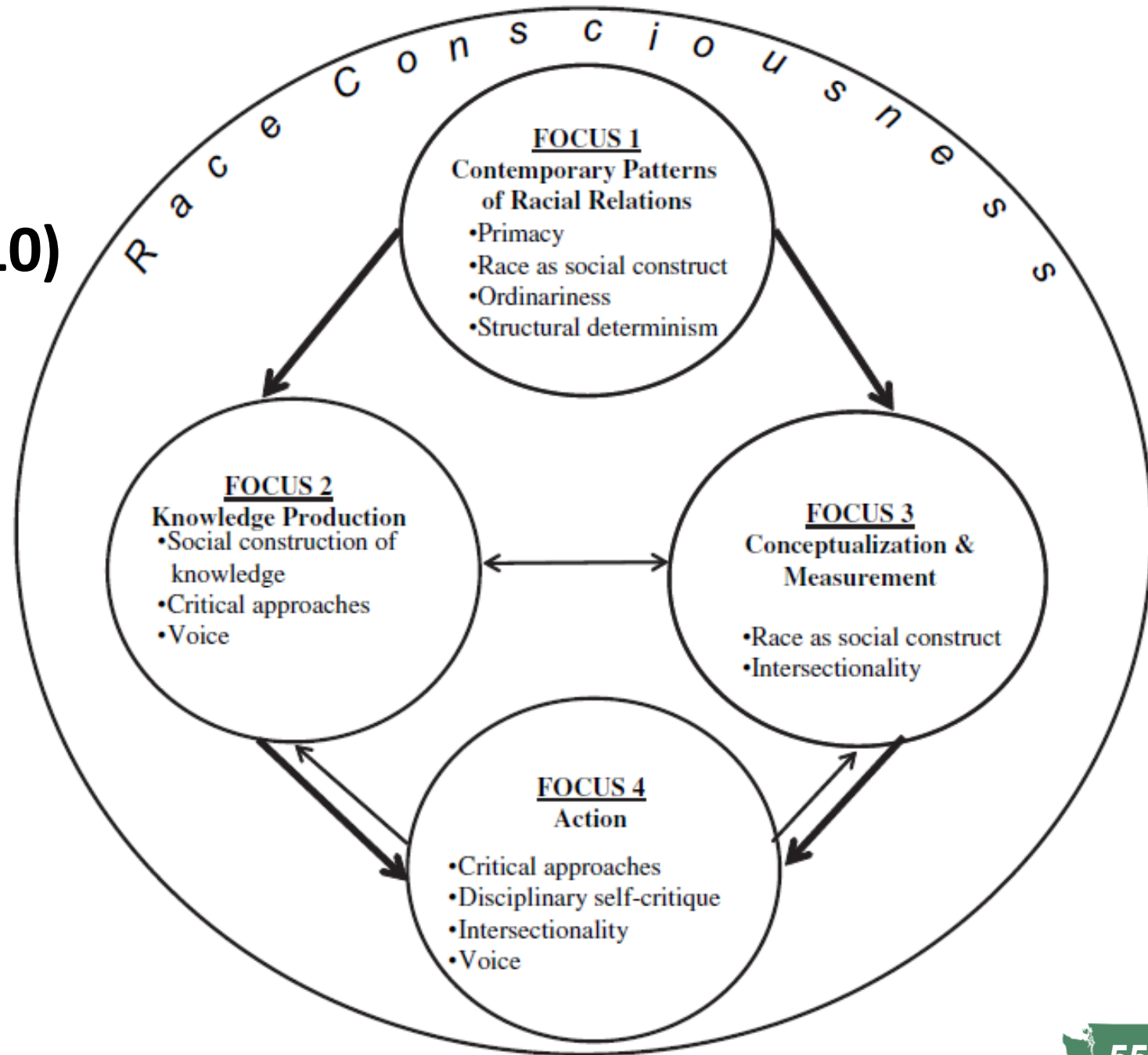
- 1 Race
  - 2 Ethnicity
  - 3 Gender identity
  - 4 Class
  - 5 Language
  - 6 Religion
  - 7 Ability
  - 8 Sexuality
  - 9 Mental health
  - 10 Age
  - 11 Education
  - 12 Body size
- (...and many more...)

Intersectionality is a lens through which you can see where power comes and collides, where it locks and intersects. It is the acknowledgement that everyone has their own unique experiences of discrimination and privilege.

– Kimberlé Crenshaw –

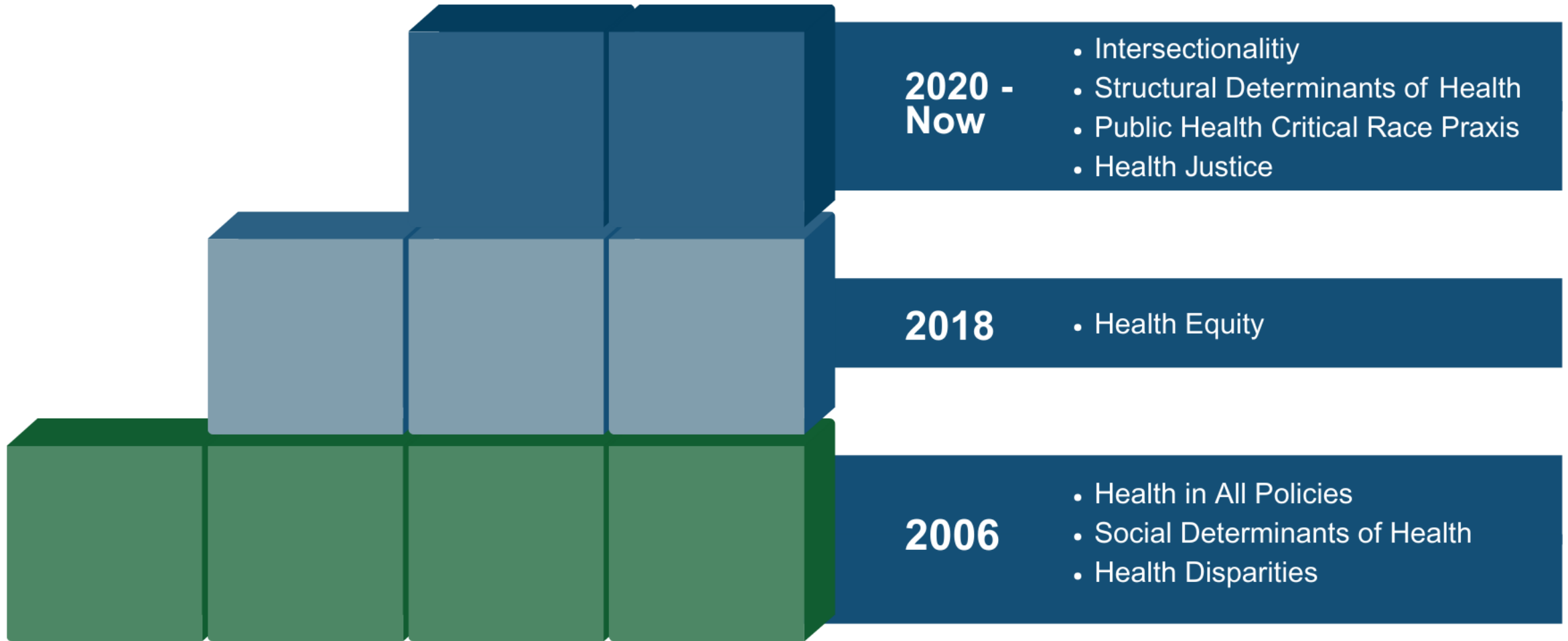
# Public Health Critical Race Praxis (Ford and Airhihenbuwa, 2010)

- Iterative, empirical approach that is grounded in Critical Race Theory and is designed for Public Health research
- 4 Focus Areas and 10 Principles





# Evolution of Frameworks used in HIRs





# Contact the HIR Team

Cait Lang-Perez (she/her)  
Lindsay Herendeen (she/her)  
Miranda Calmjoy (she/they)

[hir@sboh.wa.gov](mailto:hir@sboh.wa.gov)

360-628-7342

Completed Health Impact Reviews can be found on the  
Washington State Board of Health website:

<https://sboh.wa.gov/health-impact-reviews>



Questions?

# THANK YOU



To request this document in an alternate format, please contact the Washington State Board of Health at 360-236-4110, or by email at [wsboh@sboh.wa.gov](mailto:wsboh@sboh.wa.gov) | TTY users can dial 711



Please take this survey to evaluate conference sessions.



THANK YOU