

Healthy King County Coalition Policy, Systems, and Environmental (PSE) Policy/Project Submission Form

The Healthy King County Coalition (HKCC) Equity Committee works to eliminate health inequities by applying race and social justice principles in all policy, systems, and environmental change efforts and promotes strategies that benefit communities. The purpose of this tool is to ensure equity* by creating a lens through which each Healthy King County Coalition Workgroup better understands who is impacted by our policies and practices.

*Definitions start on page four of this form.

This submission process and review is meant to provide HKCC Working Groups a means to formally evaluate submitted policies/projects to determine priority actions items for any given year. If your proposed policy/project does not become a high priority focus for this year, it does not mean that we don't consider your submission important, but that we did not have the capacity to follow-through with it this year. You will receive an email response with basic information as to whether or not your proposal will be moving forward. Please feel free to resubmit the following year.

FORM SUBMISSION PROCESS:

Policy Review

1. An HKCC working group member should utilize this submission form to bring a policy forward to their working group Lead.
2. Policies will be reviewed as a group during the Annual Retreat held in Fall Quarter. If the Annual Retreat for an working group is scheduled later than mid-October, the policy review should take place during a working group meeting. Submitted policies will be reviewed for priority using the PSE decision tree. A maximum of three high priority policies should be identified per working group.
3. The working group Lead will bring these policies to the Governing Board for final review no later than October 30th. If a policy is agreed to be a high priority, the Governing Board will determine appropriate action steps. If a policy is a lower priority, the Governing Board will assign it back to the originating working group to monitor.

Project Review

1. An HKCC working group member should utilize this submission form to bring a project forward to their working group Lead.
2. Projects will be reviewed as a group during the Annual Retreat in Fall Quarter. Projects will be reviewed for priority using the PSE decision tree. A maximum of three projects should be identified per working group.
3. The working group will determine appropriate next steps based on the agreed upon project/s.

1. Please, check which type of submission this is

Policy Review Submission

Project Review Submission

2. Which Workgroup is most appropriate to support this proposed policy/project?

Equity Workgroup

Built Environment Workgroup

Healthy Eating Workgroup

Tobacco Marijuana and Other Drugs Workgroup

3. What is the title (name) of this proposed policy/project?

4. Is there a member champion* for this proposed policy/project?

**A member champion is a current HKCC workgroup member who fully understands the policy/project submission and will champion it through committee review.*

Yes

If yes, then please provide their name:

No

5. Please describe your proposed policy/project

Who does the proposed policy/project impact?

What geographic area does it impact?

Are there additional stakeholders who should be included?

What are any positive, negative, or unintentional impacts?

Additional information may be submitted as an attached document.

6. Will the policy/project impact people living, working, playing, or studying in King County?

Yes

If yes, then please explain how below:

No

7. What health equity impact does the proposed policy/project address and how?

Provide evidence, if available.

8. Who else will be collaborating stakeholders for this project/proposal?

9. In your opinion, does the committee have the capacity to elevate the proposed policy/project and why?

DEFINITIONS

***HKCC Equity Definition**

Equity means all people have full and equal access to opportunities that enable them to attain their full potential. HKCC works to ensure communities have equitable access to healthy food options, physical activity, safe environments, smoke free living, and affordable transportation choices necessary for communities to thrive.

Equity and Inclusion Terms

Community Engagement: The process of working collaboratively with, and through, groups of people to address issues and aspirations affecting the well-being of those people.

Cultural Competence: A set of congruent behaviors, attitudes, and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations.

Equality: A measure of equal treatment. The American legacies of racial oppression and the resulting generational effects mean that equal treatment in and of itself is not enough to ensure equal access to opportunity and participation in decision making/governance.

Equity Lens: Paying specific attention to race, ethnicity, gender, income, etc. as you review a problem, develop solutions, and define success.

Equity: Providing all people with fair opportunities to attain their full potential to the extent possible.

Health Disparities or Health Inequities: Types of unfair health differences closely linked with social, economic or environmental disadvantages that adversely affect groups of people.

Health Equity: Achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances.

Inclusion: Active, intentional, and ongoing engagement with diversity, including intentional policies and practices that promote the full participation and sense of belonging of every employee, patient, family and participant.

Inequity: A difference or disparity between people or groups that is systemic, avoidable and unjust.

Institutional racism: Describes forms of racism which are structured into political and social institutions. It occurs when organisations— such as governmental organizations, schools, banks, and courts of law — discriminate, either deliberately or indirectly, against certain groups of people to limit their rights.

Power: Involves the capacity to influence, for one's own benefit, the forces that affect one's life. Powerlessness thus is the inability to exert such influence over one's own destiny to some reasonable extent. (Elaine Pinderhughes, Understanding Race, Ethnicity, and Power)

Social Determinates of Health: The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries, cities, or neighborhoods.

Stereotyping: A generalised set of traits and characteristics attributed to a specific ethnic, national, cultural or racial group, which gives rise to false expectations that individual members of the group will conform to these traits.

Structural racism: The interplay of policies, practices and programs of multiple institutions which leads to adverse outcomes and conditions for communities of color compared to white communities that occurs within the context of racialized historical and cultural conditions.

**Note:* definitions were cited from a compilation of resources including: Healthy King County Coalition's Equity Committee's HEAT toolkit, Centers for Disease Control glossary of terms, World Health Organization's Glossary for Advocacy for Health, and the Aspen's Institute's Glossary for Understanding the Dismantling Structural Racism/Promoting Racial Equity Analysis, Seattle's Race & Social Justice Initiative and Seattle Children's Hospital's Center for Diversity and Health Equity.