

Health and Equity Subcommittee

Ensuring the health and equity benefits of automated mobility are equitably distributed and that negative impacts are not disproportionately borne by traditionally marginalized communities.

Subcommittee Charter

1. Background

In 2018, the Washington State Legislature enacted SHB2970, establishing an autonomous vehicle work group, administered by the Transportation Commission (WSTC). The workgroup was determined to have an executive committee and four subcommittees including: Safety, Insurance, Data Security, and Infrastructure. On July 16th, 2019, the WSTC voted to add two additional subcommittees including a Health and Equity subcommittee organized by the Washington State Department of Health.

2. Purpose

Based on direction from the Washington State AV Workgroup Executive Committee, the subcommittees will:

- Consider, explore, develop and identify challenges, needs, gaps and expectations related to AV policy, funding and jurisdiction.
- Assess what other states are doing and seek model policies.
- Inform the public of subcommittee discussions and recommendations in a transparent and accessible manner.
- Report information gathered and findings, along with recommendations, to the Executive Committee.
- Review recommendations of other AV Subcommittees.

3. Scope and High-level Requirements

The subcommittee will discuss the issues, assess the options, and make recommendations. This will be achieved through open sharing of participants' perspectives, ideas and concerns, research of multiple possibilities, consultation with other AV Subcommittees, and open group discussion.

The Health and Equity Subcommittee will focus on developing recommendations regarding automated vehicles in the following areas:

- **Defining health and equity and considering tools** consistent with those called for in *Washington's Transportation Plan 2035*: "Develop a Transportation Equity Analysis toolkit for use in evaluating the benefits and impacts of transportation policies and investments on historically marginalized populations in Washington."
- **Considering and weighing health and equity impacts resulting from changes to:**
 - **Commercial & Public Vehicles** - mass transit, shared fleets and private ownership.
 - **Levels of Technology** - an environment that will still mostly be comprised of traditional vehicles.
 - **Vehicle Fleet** - when AV become very common on our roadways.
 - **The Built Environment** – to accommodate highly autonomous vehicles in the future.

The subcommittee will develop recommendations to be submitted in October of each year to the Autonomous Vehicle Workgroup Executive Committee for consideration.

4. Subcommittee Leadership

The subcommittee will be co-chaired by one public sector and one private or not-for-profit sector individual. Co-chairs will serve two year terms (2020-21, and 2022-23). The first co-chair will be appointed by Washington State Department of Health (DOH). Subsequent chairs will be appointed by the voting members of the committee, unless no private or not-for-profit Co-chair can be identified. The subcommittee may proceed with a Chair.

Co-chairs are responsible to:

- Make decisions on membership to ensure balanced representation of all perspectives and organizations
- Lead meetings
- Facilitate open dialogue
- Approve agendas and meeting notes/summaries
- Present subcommittee recommendations to the Executive Committee

DOH staff support are responsible to:

- Manage meeting logistics
- Email meeting requests and other communications
- Prepare agendas and meeting notes/summaries

5. Subcommittee Membership

Subcommittee members include representatives from state and local agencies, the private sector, not-for-profit groups, and other interested stakeholders. Membership is limited to one person per organization/division, to ensure broad representation. Membership includes the privilege to participate in voting on recommendations, but everyone is encouraged to participate in all discussions. The subcommittee will consist of a minimum of 10 members.

As the subcommittee only meets every 2 to 3 months, it is critical that members attend. The opportunity to attend remotely will be provided, if technically possible. Remote participation will count as attendance. If a member cannot attend, they may send a representative. This representative can provide input and vote on their behalf.

A member may resign at any time by notifying the co-chairs or organizers. Upon resignation, the resigning member may recommend a replacement from the same organization to fill the vacancy. A list of all people who have indicated an interest in the subcommittee, but are not voting members, will be copied on email communications to the workgroup, including meeting requests, notes, and drafts. Anyone can be added to this list upon request.

Removal of members requires agreement of both the co-chairs and an email notice to the member. Members that have been removed from the membership are still welcome to attend the meetings and participate in the discussion, but will not be allowed to vote. Individuals may request to be added back to the membership through the process above.

6. Meetings and Schedule

The subcommittees will meet at least quarterly and all meetings will be open to the public. Agendas and materials will be made available online at the WSTC AV Workgroup website.

Each meeting may last 2 to 4 hours. There may be considerations for all-day work sessions. The opportunity to attend remotely will be provided, if technically possible.

Topics will be researched and discussed, and recommendations will be developed between January and September of each year, with recommendations due to the Executive Committee in October.

7. Member Responsibilities

As a condition of membership, subcommittee members agree to:

- Attend meetings, or send a representative
- Review provided materials including other AV Subcommittee recommendations prior to the meeting
- Volunteer to research topics as needed
- Share their expertise
- Resolve conflicts with open, honest and respectful discussion
- Provide feedback during meetings

8. Ground Rules

- Arrive on time
- Stick to the agenda
- One person speaks at a time
- Open dialogue
- Respect the opinions of others
- No sidebars
- Start and finish on time

9. Voting

The Health and Equity Subcommittee will develop recommendations to be submitted in September of each year to the Autonomous Vehicle Workgroup Executive Committee for consideration.

When a recommendation has been collaboratively developed and fully considered, the subcommittee members will vote to advance the recommendation to AV Workgroup Executive Committee. The total number of votes for each option will be recorded, but how an individual member votes will not be recorded. Concerns or dissenting opinions will be documented and included as part of the written recommendation.

In order for a recommendation to be approved by the subcommittee, a quorum of the membership must be present and the recommendation must receive over 50% of the vote. For the purposes of the Health and Equity Subcommittee, a quorum will be defined as over 50% of the membership.

Other decisions, including but not limited to, meeting times and locations, topics to consider, and discussions about and drafting of recommendations will be made collaboratively and not require a recorded vote.

10. Current Assumptions of Automated Vehicle Deployment

As of January 2019:

- Level 1-2 automated vehicles are in widespread use on our roads.
- Level 3 vehicles are being released for consumer purchase but are very rare.
- Level 4 vehicles are in operation on US roads but not yet in Washington other than for limited testing purposes.

In 2020 or beyond, the focus could be on addressing health and equity impacts as a result of changes in:

- **Commercial & Public Vehicles** - mass transit, shared fleets and private ownership.
- **Levels of Technology** - an environment that will still mostly be comprised of traditional vehicles.
- **Vehicle Fleet** - when AV become very common on our roadways.
- **The Built Environment** – to accommodate highly autonomous vehicles in the future.

11. Guiding Principles

The following statements will be considered in developing subcommittee recommendations:

- Assess the potential health consequences of a proposed program, policy, project, or plan under consideration by decision-makers, and is conducted in advance of the decision in question.
- Engage stakeholders affected by the proposal, particularly vulnerable populations.
- Systematically considers the full range of potential impacts of the proposal on health determinants, health status, and health equity.
- Provide a profile of existing conditions for the populations affected by the proposal, including their health outcomes, health determinants, and vulnerable sub-groups within the population
- Characterize impacts on health, health determinants, and health equity, by documenting data sources and analytic methods, quality of evidence used, methodological assumptions, and limitations.
- Provide recommendations, as needed, on feasible and effective actions to promote the positive health impacts and mitigate the negative health impacts of the decision, identifying, where appropriate, alternatives or modifications to the proposal.
- Produce a publicly accessible reports that include, at minimum, documentation of purpose, findings, and recommendations, and either documentation of the processes and methods involved, or reference to an external source of documentation for these processes and methods.
- Propose indicators, actions, and responsible parties, where indicated, for a plan to monitor the implementation of recommendations, as well as health effects and outcomes of the proposal.

(Source: <https://hiasociety.org/resources/Documents/HIA-Practice-Standards-September-2014.pdf>)

12. Revisions to the Charter

Changes to this charter may be made by proposal of the co-chairs, when approved by a majority vote of the current subcommittee membership.