# Meeting Minutes #8 – Ohio DPC The Health Collaborative Health Equity Task Force

**Date:** August 13, 2024

**Time:** 1:30 pm EST

**Location:** Zoom

**Meeting Facilitators:**

- Christina Alfaro

- Dee Grimm

- Dawn Skaggs

- Lauren Philps

- Jessica Skelton

**Executive Summary:**

- The meeting focused on identifying disparities and inequities in service delivery for underserved and marginalized populations, particularly the disability community.

- Key issues discussed included lack of mental/behavioral health resources in rural areas, transportation barriers, shortage of appointment availability, challenges in navigating systems due to comorbidities, need for care coordination, and public information gaps on available services.

- Next steps include providing feedback, observations, and additional data to the project team, and presenting more defined demographics and survey results at the next meeting.

**Meeting Notes:**

- Research on barriers to reporting for victims with disabilities

- Overview of project purpose to identify disparities and inequities in service delivery for underserved and marginalized populations, particularly the disability community

- Static demographics from national (e.g. American Community Survey), state, and local county sources

- Surveys of service providers (64 responses) and clients/community members (14-16 responses)

- Input from task force members and local data sources requested

- Sharing draft root cause analysis compiling data from:

    o Static demographics: Disability statistics, social determinants of health (poverty, unemployment, internet access, education), health factors (mental health indicators like

drug overdose rates varying significantly by county, medical health providers per capita, food insecurity, crime, chronic diseases)

- o Risk indices: Household composition, racial/ethnic backgrounds, housing & transportation, socioeconomic indicators to assess risk and resiliency

- o Provider surveys: Major challenges ranked by priority, issues experienced/observed in emergencies, training received & wanted

- o Client/community surveys: Difficulties during evacuation (e.g. 60% cited assumptions about disability), barriers to preparedness like being unable to do it alone (50%), unavailable support systems

- Additional local data requested: Community health/CASPER surveys, policies, demographics

- Planned topics for breakout group discussions:

  - o Access to medical and mental health services

  - o Language/communication barriers

  - o Technology inequities

  - o Transportation

  - o Higher poverty rates among disability population

  - o Fiscal and programmatic access to services

  - o Communication barriers

  - o Perceptions and biases

- Key Points from Discussion:

  - o Rural areas lack mental/behavioral health resources compared to urban areas

  - o Example of lawyers implementing local organization to prevent travel for care

  - o Transportation barriers

  - o Shortage of appointment availability even with providers present

  - o Comorbidities exacerbate challenges in navigating systems

  - o Need for care coordination and "hand-holding" to meet consumer needs

  - o Veteran health care access issues highlighted

  - o Public information gaps on available services

[End of Meeting Minutes]