



World Institute
on Disability

Spokane Region Causal Analysis Highlights

Data collected March to August 2024



Purpose and Scope

- Collect qualitative and quantitative data to support task force goals to improve health equity
- Identify commonalities, trends, and evidences of contributors to health equity
- Provide key topics that indicate strengths and weaknesses in pursuit of health equity in disasters

Input Sources

- Published quantitative data reports from public reports and records
- Targeted surveys of local providers
- Open surveys of community service users
- Community Assessment Surveys
- Input from Task Force members

Relevant Demographic Data Sampling



- General health is rated as 3.5 of 5 with an average overall health and 65 out of 100 for population health outcomes.
- Healthcare and related fields are the leading employment industries
- A very high percentage of the population has health insurance
- Adult obesity rate in Spokane County is >28% and has shown a marked increase since 2020
- There is a high per capita percentage of mental health providers but a high percentage of people report poor mental health
- **A slightly higher than average percentage of people with disabilities**
- Residents of the City of Spokane are predominately caucasian but populations living in poverty were dominated by American Indian (36%) and Native Hawaiian and other Pacific Islanders (29%)
- Estimated median home value in the City of Spokane increased almost 400% between 2000 and 2022 and over 30% of residents are housing burdened

Vulnerability and Resiliency



Disaster Vulnerability

- Low vulnerability to disasters
 - SVI - .5638
- Transportation vulnerability
 - SVI .84

Resilience

- Low resilience to disasters
 - FEMA Community Resilience Index 31/100
- Contributing factors
 - Lack of religion
 - Lack of economic diversity
 - Lack of transportation

Additional Community Survey findings



- Housing and earnings gap is a barrier contributing to homelessness
- Presence of racism and discrimination
- Substance use and violence (including DUI and domestic violence)
- Incidence of poor mental health
- LGBTQIA2S+ experience insurance barriers, provider bias, out of pocket costs, and access

Provider Perspectives of Barriers



Physical Access

- Access to Transportation
- Post-disaster housing

Multiple Communication Barriers

- Inaccessible websites, public information materials
- Limited, ineffective or inaccessible public information
- Communication difficulties between responders and people with disabilities
- Provider discomfort discussing disabilities and accommodation needs that are experienced by people with disabilities

Inaccessible Programs

- Inaccessible and difficult administrative processes and policies
- Familiarity with accessibility standards and requirements

Community Perspectives



Programmatic Access

- Taking essential supplies and equipment
- Providers making assumptions about disability and needs (*70% of providers have received equity and bias training*)

Communication Access

- Lack of accessible information
- Getting providers to listen to their needs and best ways to help
- Getting accurate actionable information about what to do and where to go
- Lack of useful information that would assist in emergency planning (20% had an evacuation plan or go-kit, 35% had a communication or transportation plan)

Physical Access

- Accessible post disaster sheltering or housing
- Accessible transportation

Task Force Perspectives of Barriers



Access Gaps

- Lack of communication accommodations
- Lack of disability disaster data
- Lack of accessible shelters or post-disaster housing

Systemic Gaps

- Lack of interagency collaboration (ESF 6 and ESF8)
- Provider and partner implicit bias
- Lack of training