



Meeting Minutes #10- Spokane Health Equity Task Force

Date: July 18, 2024

Time: 10 am PT

Location: Zoom

Present:

- Todd Holloway
- Sarah Nuss
- Simone Ramel-McKay
- Aerius Franklin

Meeting Facilitators:

- Denise Grimm (Dee)
- Dawn Skaggs
- Robin Albrandt
- Allysa Rapadas

Executive Summary:

- The task force has identified goals to examine healthcare disparities for underserved and marginalized populations, especially the disability community, through data analysis and community input.
- Key concerns include accessibility challenges during extreme heat, lack of interpretation services and multilingual outreach, bias and lack of provider diversity in healthcare, and gaps in language access and cultural competency.
- The task force has collected 47 community surveys and 20 provider surveys so far, with plans to analyze the data and coordinate with other groups to identify solutions.

Meeting Notes:

Overview of the Task Force and Progress so Far

- The task force has identified goals to examine disparities and inequities in healthcare for underserved and marginalized populations, with a particular focus on the disability community.
- They have focused on identifying local gaps and disparities through:
 - Analyzing national data and statistics
 - Reviewing state-level data
 - Gathering local input and real-world experiences from the community and providers

Discussion of New or Additional Concerns

- Impacts of Extreme Heat and Climate Change
 - Accessibility challenges for cooling centers and transportation barriers for people with disabilities and functional needs (Robin Albrandt)
 - Lack of accessible transportation assets, especially in rural areas like Spokane Valley (Robin Albrandt)
 - Difficulty reaching cooling centers for those dependent on public transit
 - Extended hours outside the home before cooling centers open, exacerbating heat exposure
- Accessibility and Communication Barriers
 - Lack of interpretation services, loop systems, and multilingual outreach for public meetings and events
 - Need for funding to provide interpreters and assistive technologies like loop systems
 - General lack of understanding and education among the public about accessibility needs (Todd Halloway)
- Bias and Lack of Provider Diversity in Healthcare
 - Challenges accessing mental health services and specialized care due to provider shortages
 - Perceptions and biases from medical professionals towards certain populations
 - E.g., Minority populations, LGBTQ+ community, homeless individuals perceived as "frequent flyers"
 - Lack of diversity among healthcare staff, contributing to cultural understanding gaps (Denise)
- Gaps in Language Access and Cultural Competency
 - Need for multilingual communication, including American Sign Language (Robin Albrandt)
 - Example: Difficulty providing Spanish interpretation for state disability plan (Robin Albrandt)
 - Lack of culturally competent services and outreach to refugee and immigrant communities
 - The Disability Action Center is working to build relationships and provide translated materials

Updates on Survey Progress

- 47 community surveys and 20 provider surveys collected so far
- Survey data will be analyzed and shared at the next meeting
- Key themes emerging from initial survey analysis align with concerns raised, e.g., accessibility issues



Coordination and Collaboration with Other Groups

- Sharing resources, best practices, and insights across task forces and community groups
 - E.g., Avista power company's efforts on preventative power shutoffs and emergency communications from Todd Halloway
- Leveraging data and input from each group to support collective initiatives (Denise)
- Disability Action Center Northwest (DAFN) group starting to evaluate potential projects

Next Steps

- Continue collecting survey data and real-world experiences from the community
- Compile and analyze survey data to identify root causes and potential solutions
- Task force members to share additional resources, ideas, and local perspectives
- Coordinate with partners like utilities, hospitals, and emergency

[End of Meeting Minutes]