



Meeting Minutes #12- Spokane Health Equity Task Force

Date: September 19, 2024

Time: 10 am PT

Location: Zoom

Present:

- Rebecca MacMullan
- Jenni Jones
- Virginia Matheny
- Nathan Parisi
- Simone Ramel-McKay
- Aerius Franklin

Meeting Facilitators:

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

Executive Summary:

- Dee Grimm and Dawn Skaggs presented comprehensive data analysis results from various sources, highlighting Spokane's health demographics, disaster vulnerability, and community resilience factors. Key findings included high health insurance coverage, increased OBC rates, mental health concerns, and low disaster resilience scores.
- Survey results from community members, service providers, and users revealed significant challenges, including housing issues, discrimination concerns, accessibility problems, and communication barriers for vulnerable populations, particularly those with disabilities and LGBTQIA+ individuals.
- Dawn Skaggs and Dee Grimm outlined the transition from the data collection phase to action planning, emphasizing the need for the task force to focus on developing, testing, and implementing locally-driven solutions to address identified issues in the coming year.

Meeting Notes:

Meeting Overview

- Robin Albrandt welcomed attendees and introduced the meeting, mentioning that Dee, Christina, and Dawn would be sharing important information reflecting the task force's hard work.
- Dee Grimm introduced the agenda, highlighting that they would be presenting results from recent survey efforts and data analysis.

- Dawn Skaggs mentioned the intention to consolidate the 11-page document into a more concise tool, between 5 slides and 11 pages, to provide a synopsis with references to data sources. This consolidated document will be available later in the month.

Data Sources and Methodology

- Data sources included:
 - Static data (U.S. Census, community assessment reports)
 - Surveys sent to service providers
 - Surveys sent to service users
 - Community assessment surveys
 - Input from task force members
- The analysis aimed to collect both qualitative and quantitative data to identify disparities and improve services in the community.
- Dawn Skaggs mentioned that task force feedback came from a brief survey given to the task forces earlier in the process.

Spokane Health and Demographics Overview

- Spokane rated fairly well in general health but with some concerns:
 - Highest percentage of population with health insurance among task force groups
 - 28% increase in OBC rates since 2020
 - Higher per capita mental health issues
 - Slightly higher than average percentage of people with disabilities
- Demographics:
 - Predominantly Caucasian population
 - Native American, American Indian, and Native Hawaiian Pacific Highlanders are the dominant populations living in poverty
 - Increased number of residents who are housing burdened
- Dee Grimm highlighted an interesting mortality statistic for Spokane:
 - Cancer is the leading cause of death
 - Heart disease is the second leading cause
 - Unintentional injury, including drug overdoses and motor vehicle accidents, is the third leading cause, which is unusual compared to other jurisdictions

Disaster Vulnerability and Resilience Factors

- Spokane ranks low in vulnerability on various indices
- However, it ranks low on resilience to disasters:
 - 31 out of 100 on the FEMA Community Resilient Index
 - Contributing factors:
 - Almost 60% of the population identified as not having a faith or religion
 - Lack of economic diversity

- Transportation issues

Key Survey Findings

Community Survey Results

- Housing and earning gap is a significant barrier
- 30% of the population is housing burdened, with some severely housing burdened
- Concerns about racism and discrimination
- High incidence of poor mental health
- High numbers for substance abuse and violence
- LGBTQIA groups reported experiencing barriers, including bias, access to services, trust, and comfort with providers

Service Provider Perspectives

- Physical access issues with transportation and housing
- Communication barriers:
 - Inaccessible websites and public information
 - Communication issues between responders and people with disabilities
- Inaccessibility of programs
- Providers reported being unfamiliar with accessibility standards and requirements

Service User/Client Perspectives

- Programmatic access issues:
 - Inability to take supplies and equipment to shelters
 - Concerns about assumptions made about their disabilities
- Communication access problems:
 - Inaccessible information and education materials
 - Difficulty in having providers listen to their needs
 - Lack of useful information for emergency planning
- Physical access concerns with sheltering, housing, and accessible transportation

Task Force Identified Gaps

- Lack of communication accommodations
- Lack of disability disaster data
- Lack of disaster housing and accessible sheltering
- Lack of interagency coordination between ESF-6 and ESF-8
- Perception of implicit bias and discrimination as barriers to equitable health care
- Lack of training for service providers

Discussion of Results

- Aeries questioned the interpretation of lack of identified religion as a negative factor for community resilience.
- Dawn Skaggs provided context on the FEMA Community Resilience Index, explaining that faith-based organizations often contribute to community resilience in disasters.
- Commented on the unsurprising nature of racism and inequality for the LGBTQ+ community, based on their experience as a housing case manager.
- Task force also shared personal experiences related to invisible disabilities and the challenges faced by their sister.
- Simone raised concerns about the data sources, particularly regarding the community resilience score:
 - Noted a discrepancy between the presented data (31 out of 100) and their own research showing Spokane County at 78.9% resilience
 - Requested more detailed information to share with partners and decision-makers
 - Emphasized the need for clear data to take action on identified issues
- Dee Grimm acknowledged the challenges of data consistency:
 - Different sources can provide varying information
 - U.S. Census and American Survey data can sometimes conflict
 - Emphasized the importance of getting information that is as accurate and consistent as possible

Next Steps and Action Planning

- Dawn Skaggs outlined the transition from the survey and data collection phase to the action planning phase:
 - Encouraged task force members to take time to digest the information presented
 - Emphasized moving from problem identification to solution-finding
 - Highlighted the need for the task force to focus on areas where they can conceptualize solutions and take action
 - Noted that Spokane already has valuable resources and collaborations established
 - The goal is to create, test, revise, and embed solutions into policy and procurement
- Dee Grimm added context to the action planning process:
 - Assured that they will guide the task force through developing a strategic action plan
 - Will discuss prioritization of issues based on importance, criticality, and feasibility
 - Will focus on developing actionable strategies
- Dawn Skaggs emphasized the importance of locally-driven action and solutions



- A monthly or bi-monthly 3-minute survey will be sent to task force members as a "health check" to monitor progress and support needs

Closing Remarks

- Robin Albrandt expressed appreciation for the task force's work and excitement about the project's progress:
 - Highlighted the potential for the collected data to support local work and help develop agreed-upon priorities
 - Noted the connection between this task force and the Disability and Access and Functional Needs work group with emergency management
 - Emphasized that the next year would be crucial for transferring the task force's work into actionable strategies
- Dee Grimm confirmed that there was no homework assigned for task force members
- Dawn Skaggs reminded members about the upcoming brief survey and encouraged participation

[End of Meeting Minutes]