

## Meeting Minutes #10 – Ohio DPC The Health Collaborative Disaster Health Equity Task Force

**Date:** November 12, 2024

**Time:** 1:30 pm EST

**Location:** Zoom

### Meeting Facilitators:

- Christina Alfaro
- Dee Grimm
- Dawn Skaggs
- Nicole Volpenhein
- Jessica Skelton

### Executive Summary:

- Nicole Volpenhein announced leadership transition with Nicole Volpenhein taking over as project lead for the task force pilot project, while Dee Grimm reported completion of root cause analysis identifying 15 key health disparities in Ohio.
- Three critical disparity areas were examined in detail: communication access barriers (highlighted by SPEAKER\_03 and SPEAKER\_04), mental health service gaps particularly in rural areas, and provider bias issues (with 64% of consumers reporting lack of provider awareness about disabilities).
- Task force is moving to prioritization phase with Dee Grimm and Nicole Volpenhein outlining selection criteria focusing on SMART objectives and PERPS principles, aiming to address selected disparities within a one-year timeframe.

### Meeting Notes:

#### Leadership Transition

- Nicole Volpenhein announced Lauren Phipps has transitioned to a new role at a different organization
- Nicole Volpenhein introduced as new project lead:
  - 4 years experience with the Health Collaborative
  - Has worked with Tri-State Disaster Preparedness Coalition team throughout tenure
  - Will be leading the task force pilot project with WID going forward

#### Project Status Review

- Dee Grimm provided overview of completed work:

- Surveys and static analysis completed to develop root cause analysis
- Identified approximately 15 key disparities of concern in Ohio
- Task force now moving to prioritization phase to determine which areas to address

## **Key Health Equity Disparities Discussion**

### **Communication Access Barriers**

- Major concerns identified around public information access:
  - Highlighted digital divide impacts on socially vulnerable populations
  - Barriers include literacy challenges and limited English proficiency
  - Rural communities face particular challenges with internet access
- Shared specific example of information access challenges:
  - Difficulty finding basic health information on local health department websites
  - Need for information in multiple languages based on local demographics
  - Challenge of making information accessible to different education levels
- Nicole Volpenhein highlighted impact of information overwhelm:
  - People often shut down when faced with too much information or inability to find what they need
  - Can lead to untreated chronic illnesses and preventable conditions
  - Different levels of health literacy affect ability to navigate information
- Dee Grimm noted barriers to patient-provider communication:
  - Patients often feel intimidated about asking questions
  - Fear of being perceived as difficult
  - Concerns about provider prejudices or biases affecting communication

### **Mental Health Service Gaps**

- Detailed rural emergency department challenges:
  - Limited mental health placement options
  - Reliance on single service provider for patient placement
  - Staffing constraints with only two sheriffs available for entire county during night shifts
  - Particular challenges with juvenile mental health cases requiring transport to distant facilities
- Coordination challenges identified:
  - Emergency departments serving as holding areas while awaiting Shawnee Mental Health evaluation
  - Need for better resource sharing between health departments and emergency services

### **Provider Bias and Awareness**

- Survey results revealed significant concerns:

- 64% of consumers reported lack of provider awareness about disabilities and needs
- LGBTQIA+ community reported concerns about provider understanding of medical and social needs
- Racial and ethnic disparities in health outcomes highlighted, particularly evident during COVID-19
- Dee Grimm emphasized intersectionality:
  - Multiple factors often compound health disparities (disability, race, poverty)
  - Recognition that people with disabilities often overlap with other marginalized populations
  - Multiple conditions can significantly impact health resilience and outcomes

### Task Force Planning Process

- Dee Grimm outlined criteria for selecting priority areas:
  - SMART objectives: Specific, Measurable, Achievable, Relevant, and Time-based
  - PERPS principles: Person-centered, Equitable, Reflective, and Strategic
  - Focus on selecting issues that can realistically be addressed within one-year timeframe
- Nicole Volpenhein clarified focus areas:
  - Priority should be on health equity before, during, and after disasters
  - Specific focus on people with disabilities
  - Consider measurable objectives when selecting top three disparities

### Administrative Updates

- Health Check Process:
  - Dawn Skaggs introduced anonymous feedback mechanism
  - Will be conducted 2-3 times per year to track task force progress
  - Aims to identify key components for replication in other communities
  - Takes 1-3 minutes to complete
- Next Meeting Details:
  - Next meeting scheduled for January 14th
  - Meeting coordination transitioning to WID
  - New meeting invites will be sent out in coming weeks

[End of Meeting Minutes]