**Collaborative Leads notes**

*Attendees* – Jenny Smith (Newport, Pend Oreille Collaborative), Steve Smith (SRHD), Dave Iverson (Healthy Ferry County), Julie Distel (PPGWNI), Kai Nevala (Unify), Sara Rodgers (SRHD), Terry Titmus (Rural Resources, Stevens Co Collaborative), Amber Johnson (SNAP), Ryan Kiely (Excelsior), Ed Dzezy (Lincoln Co), Sara Foley (SFD CARES Team), Kolleen Seward (PFC), Hayley Middleton (CBHA), Reese Holford (BHT), Symetria Gongyin (BHT), Sarah Bollig Dorn (BHT)

**Equity plan updates**

* Stevens County – originally chose tobacco use of women for childbearing age. Then COVID happened. TriCounty Health was going to take lead, but stalled out with COVID. Had discussions across Stevens & Ferry collaboratives. ID’d a couple priorities we could work on together – lack of childcare, and/or suicide prevention. Both looking to get worse under covid. Process of scheduling dual meeting across those two collaboratives. Then move forward from there.
* Ferry County – having a meeting on the 19th with a presentation on suicide prevention from WSU. Key players from both counties attending. Smoking project would have taken someone on the ground, that project together was going to be joint too.
  + Question from Ed – what might you be looking at in the world of childcare?
    - Dave – that came up in our hospital bc there is zero childcare in Ferry Co, and it’s challenging to hire people to Ferry Co. Stevens Co had 14, but has dropped off from 2 years ago.
    - Terry – we were considering childcare center for younger ages, and possibly expand. Focus in larger population sites, with some branch areas with licensed care in branch regions. Hoping to braid equity money with other funding sources we have.
* Lincoln County – we have backburnered for a long time. We are considering BH issues, and looking at how are we addressing health equity as individual organization, and how could we do that together. We haven’t been able to gather and focus given the last few months. Bouncing around a few ideas – childcare. Problem is not starting, but sustaining. Dave approached us about the suicide prevention idea, but struggle that rates are so low (0-1 per year) that it may not be the best for our community.
  + COVID inequities? – in Lincoln are partners are also the key partners in COVID response. So it’s been a struggle to even get folks together for conversations. Maybe the equity issue in our rural area is that we lack resources & community organizations – how can we find the folks who can provide services that the gov’t entities can’t do.
* Adams County – met last week to discuss changes. Still focusing on women’s preventive health. A lot was in person, but now moving toward more telemed.
  + Internet access issues? – Have increased telemed already thru COVID. A lot is going to be outreach to women that they are overdue for preventive care and letting them know how to do safely
  + Jenny – one of the things we did to address same issue. Hosp district & health district partnered with Camas Center to do a month-long burst on social media & newspapers, taking unified approach across orgs.
* Pend Oreille – as we broke down our project (youth MH equity), some put on hold or look different, but basically extending project out. Will be reaching out to Sara at SRHD on a youth survey – looking for input & feedback on questions. Also doing some MH resources, addressing stigma, community-wide training oppty. Still hoping to connect with Kitara at Excelsior for virtual peer specialist training.
* Spokane – 3 projects have resumed, but adapted
  + Housing workgroup (Amber) – working on rental assistance related to COVID. Looking at creating advocacy plan to ensure there is adequate rental assistance in community. Looking at things like number effected, property tax influence. Other two areas for housing backburnered for now.
  + Behavioral Health (Sara F) – had to do some big shifting with COVID. Several orgs stepped up in our group to drive work forward. Our gap is about increasing access to services. Right now working on ID’ing services, develop some easy resource guides for clients.
  + Family Violence –
    - Any discussion that the staying home and isolation may have reduced reporting as well? No safe space to escape & report?
      * Yes, absolutely. Both the lack of contact with mandated reporters and not having space away from partners.
      * SRHD starting to look at other metrics that may indicate that. Looking across region/counties.
      * Kolleen – At PFC there was a drop, but now we’re getting the calls and referrals again to our Child Advocacy Center (CAC). Seeing numbers 100% higher than this time last year. Fear is that we haven’t hit the peak yet. Pressure & isolation seems to be increasing incidence. Referrals we get are pretty severe – law enforcement & hospitals. Worry that the more moderate cases aren’t being caught – worry about the crush that may come when schools reopen.

**Equity 101 workshops**

* Overview of training series – laying groundwork for the pay-for-equity work that contracted partners will be doing
* Funding to support non-contracted partners, recognizing time commitment
* Registration & FAQ: <http://www.betterhealthtogether.org/bold-solutions-content/equity-101-series-registration-amp-faq>
* Questions
  + Dave – those meetings are all on Tuesdays, our meeting day for Ferry & Adams?
    - There are two different times – 8am and 11am, so the earlier one doesn’t conflict
  + Are these in person or web based?
    - All online
  + Sara F – started this week, and it has been really good. Want next week to take time to get in the brain space before the meeting. Harder on Zoom, but breakout groups got conversation going.

**Next steps**

* BHT will put together a list of which orgs have signed up for Equity 101, and will share so Leads can reach out to their orgs to sign up for sessions starting Sept 15