#### September 2021

# Spokane Collaborative

**OVERVIEW - EQUITY PROJECTS** 

## **Equity Gap Priority Areas**

- Affordable Housing
- Reducing Family Violence & Trauma
- Access to Behavioral Health
- Oral Health

Each equity gap priority area has an associated workgroup.

## Background: Identifying the Equity Gap Priority Areas

In early 2019, the Spokane Collaborative reviewed Spokane Regional Health District's Community Priorities Report to identify health disparities and assign Collaborative equity work based on them. Access to Affordable Housing, Access to Behavioral Health, and Reducing Family Violence and Trauma were the first workgroups to form.

Through 2019, we used the Results Based Accountability (RBA) process to identify equity gaps, causes, strategies, and potential activities that would help close the gap in each of the priority areas. We also used a participatory budgeting process to allocate funding to workgroups and activities. From there, the workgroups began building workplans to implement chosen activities.

In 2020, COVID threw us all a curveball. After a few months' pause, the Collaborative workgroups reconvened. The equity priority areas we'd identified before COVID were even more critical to address in the pandemic, but we needed to shift the approaches for the work. So we did.

In 2021, Access to Oral Health was added as a fourth priority area when Smile Spokane joined the Collaborative and was able to match funding by the BHT Board for an oral health equity gap activity.

# Workgroup Makeup / Joining a Workgroup

Collaborative members get to choose which equity workgroup they participate in, based on their interest and expertise. Some member organizations have a representative in more than one workgroup, and it is also acceptable for one representative to engage with more than one workgroup.

Workgroup members aren't just the folks implementing the projects. Being part of a workgroup also means sharing ideas, partnering in small ways (like distributing information or materials), bringing an outside perspective or subject expertise, and guiding the direction of the work.

### **Decision-making**

The workgroups, like the full Collaborative and the CCT, seek consensus on decisions. We use a general quorum vote from all partner organizations in attendance (one vote per organization).

# Closing the Gap

Since Collaborative members were asked to propose activities that would help close the gap in each of the priority areas, we worked through a Results-Based Accountability process, participatory budgeting, and data collection planning to finalize and begin work on each activity. Check out each activity's timeline below.

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## Equity Gap Priority Area Summary

### Affordable Housing

Goal	Improve the availability of housing for low-income families in targeted neighborhoods and improving access to services from affordable housing hubs.
Indicator	Overall Rental Vacancy Rate
Equity Gap	Vacancy Rate by Income in Targeted Neighborhoods - rental vacancy rate is at 0% in 48 of the 105 census tracts evaluated, including the tracts experiencing the highest CAN rates.
Strategies	<ul> <li>Reduce/ subsidize/ limit housing entry fees</li> <li>Improve community engagement to break down misconceptions and barriers</li> <li>Expand community transit options</li> <li>Reassess and recommend zoning/ density/ subsidy policies</li> </ul>
Selected Activities	<ul> <li>Develop and send an emergency rental assistance advocacy letter to policymakers</li> <li>Pilot a subsidized transportation program for the target population</li> <li>Expand Renters Education curriculum to more partner agencies, review curriculum for equitable language and access</li> </ul>

## **Reducing Family Violence & Trauma**

Goal	Decrease rates of Child Abuse & Neglect (CAN) for ages 0-5 in the 4 zip codes with the highest incidence
Indicator	Rate of CAN per 1,000 population
Equity Gap	Rate of CAN by zip code - CAN is 2.36 to 6.9 times higher in the following zip codes than the County rate: 99201, 99001, 99202, 99207.
Strategies	<ul> <li>Increase &amp; diversify community &amp; home-based parent training and support</li> <li>Increase knowledge and professional training around ACEs</li> <li>Build community-based hubs of resources and safe space</li> </ul>
Selected Activities	<ul> <li>Develop and launch a parent &amp; caregiver support training program to build a trauma-informed neighborhood</li> </ul>

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### Access to Behavioral Health

Goal	Increase access to community-based services for residents with behavioral health disorders
Indicator	Alcohol and Drug Treatment Services Rates per 1,000.
Equity Gap	Residential and outpatient treatment rates are up to 82.2 times higher for certain people of color.
Strategies	<ul> <li>Reduce stigma and encourage people to get care</li> <li>Build community in neighborhoods</li> <li>Increase screening and education/ resources for SDOH</li> </ul>
Selected Activities	<ul> <li>Design &amp; distribute comprehensive behavioral health &amp; community resource guide</li> <li>Utilize peer supports and CHWs to reduce stigma and improve connection to resources with a focus on target zip codes and recognizing disparity of race</li> </ul>

#### **Oral Health**

Goal	Reduce Oral Health Disparities for Marshallese people in Spokane
Indicator	Disparities in access for Marshallese in Spokane per Healthy Youth Survey and CHAS CHW patient interviews
Equity Gap	10% more Marshallese Youth in Spokane, than the County average, reported not seeing a dentist in 12+ months (Healthy Youth Survey, 2018)
Strategies	<ul> <li>Translation</li> <li>Transportation</li> <li>Technical Connections</li> </ul>
Selected Activities	<ul> <li>Design &amp; Translate Oral Health information and Resource flyers</li> <li>Designate 10% of Oral Health Rides to Care for Marshallese people</li> <li>Set aside computer lab time at local libraries with Marshallese CHW's present</li> </ul>