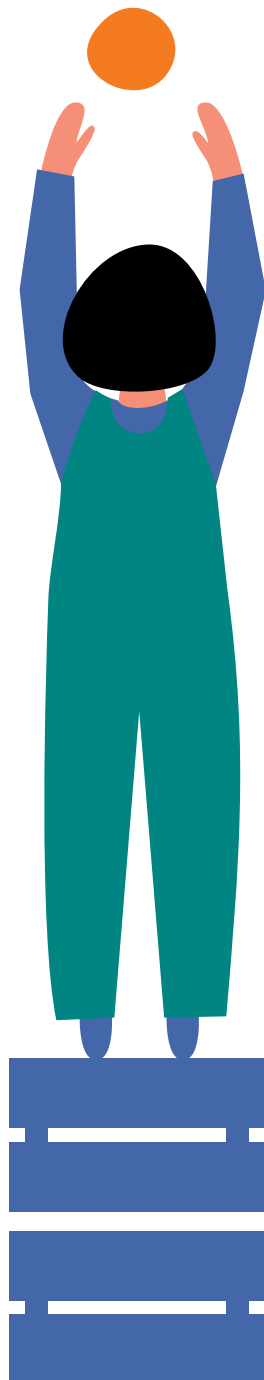


2024

Spokane Regional Health District

Health Equity Report





Health Equity Program

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September 2024

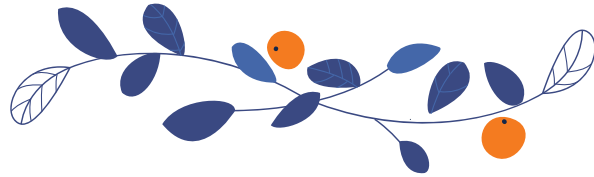
Introduction

On June 25, 2020, the Spokane Regional Health District's (SRHD's) Board of Health adopted Resolution #20-07 Adopting a Spokane Regional Health District Health Equity Response¹. This resolution outlines historical and present-day injustices that have led to health inequities currently experienced by marginalized populations in the Spokane community. The resolution also outlines five actions that the agency will take to advance health equity within Spokane County.

In October 2022, the Health Equity Program was created to drive implementation of the Health Equity Response. The first year of the program was a startup year that focused on hiring staff and creating the program's workplan. Implementation work began in 2024, and this report will update the SRHD Board of Health on how this work progressed in 2024 and plans for 2025. Note that this report only highlights progress on implementing the actions outlined within the Health Equity Response resolution. There are more health equity initiatives happening across SRHD than are included in this report.

¹ See [Appendix A](#) for the full resolution.





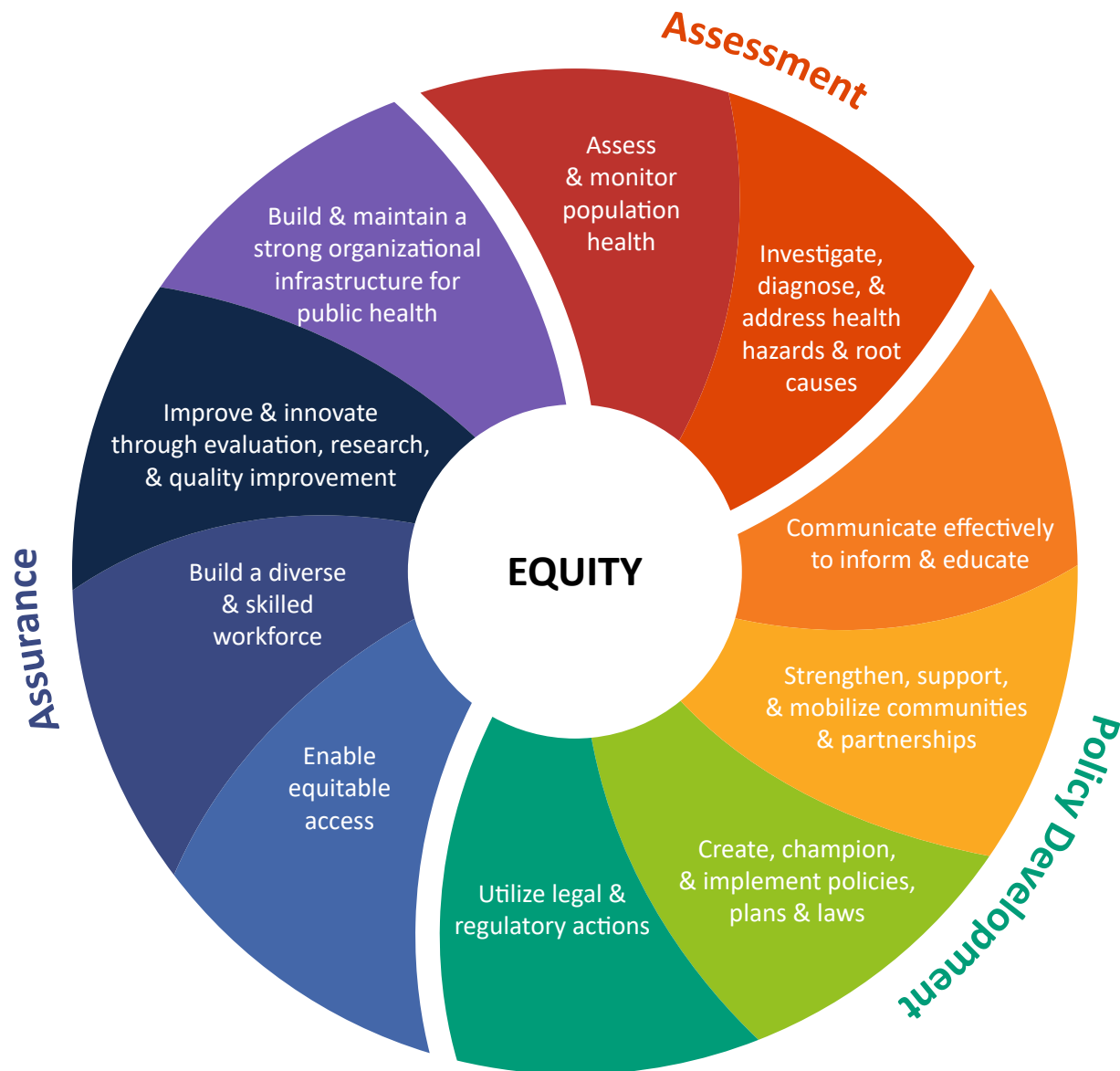
About the Health Equity Program

The Health Equity Program was established in October 2022 with the hiring of the Health Equity Manager. The team has since grown to include a Health Equity Specialist & Civil Rights Coordinator and six Community Workers, four of which are focused on specific populations including the Afghan, American Indian/Alaska Native, Marshallese, and Slavic communities. Staffing equates to 5.5 FTE. The program focuses on three workstreams: SRHD-wide, SRHD programmatic, and external. Activities within each body of work tie back to the Health Equity Response Resolution, ensuring everything the program does is centering equity.

SRHD's internal Health Equity Committee was created in 2023 and provides input on SRHD-wide work to ensure it aligns with all divisional and programmatic work.

10 Essential Public Health Services and Equity

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. These services apply to all SRHD programs and initiatives. To achieve optimal health for all, the 10 Essential Public Health Services promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers that have resulted in health inequalities. That is why equity is at the center of each service². The Health Equity Program works across SRHD to help programs center health equity within everything they do so residents of Spokane County can have a fair and just opportunity to achieve their highest level of health and well-being.



Source: 10 Essential Public Health Services (apha.org)

² For more information, visit [10 Essential Public Health Services \(\[apha.org\]\(http://10EssentialPublicHealthServices.org\)\)](http://10EssentialPublicHealthServices.org).

Action 1

Spokane Regional Health District will build the internal infrastructure to advance health equity by applying a health equity lens to current and new programs, policies, services, and interventions to ensure they include public health actions that break the cycle of health inequity in the community.

Progress in 2024

The Health Equity Program began examining and building internal infrastructure to advance health equity in collaboration with SRHD's Administration Division. Staff input on this work was gathered through SRHD's internal Health Equity Committee, which is comprised of representatives across all divisions and ensures SRHD-wide work aligns with divisional and programmatic work while creating buy-in. Key cross-agency activities for 2024 include:

- Adding a Health Equity Analysis to the updated policy and procedures process, which will ensure all internal policies and procedures are reviewed from an equity perspective.
- Developing a Health Equity Definitions Document to support conversations and work around health equity. The document ensures the language used around health equity work is clear and avoids miscommunication. It also aligns with Measure 10.2.1A of the Public Health Accreditation Board standards³.
- Updating SRHD's Civil Rights Plan to be more specific to SRHDs' and the Spokane communities' needs. Revisions to the plan began in 2023 with the goal of completion by the end of 2024.

SRHD programs also began projects aimed at centering health equity in their programs and services. Such projects include, but are not limited to:

- HIV Case Management collaborated with the Health Equity Program to integrate Trauma-Informed Care (TIC) into their work. The project included education about TIC, assessments of where the program is currently at, an action plan for improvement based on assessment results, and an in-depth training series with a TIC expert. This project will be ongoing but the foundation for continuous improvement was created in 2024.
- The Communicable Disease Investigation & Prevention (CDIP) Program added a Homeless Outreach Coordinator to their team. This position has collaborated with the Health Equity team while coordinating with other SRHD programs around homeless outreach to distribute Narcan to those who need it the most, support street medicine teams, and provide ID services to the homeless community in partnership with the Department of Licensing.

- With input from the Health Equity Team, the Emergency Preparedness & Response (EPR) Program updated their response plans to include the whole community, which includes, but is not limited to, populations with limited English proficiency, individuals with disabilities, and individuals with access and functional needs. The EPR team also uses a health equity checklist when determining an activation level and response.
- The Immunization Assessment & Promotion (IAP) Program focuses on providing equitable access to low barrier vaccine services. They consult and implement internal guidance quarterly to ensure vaccine services are being equitably implemented. This includes documenting and continually refining processes for using data to identify gaps and adapting future work to fill those gaps. The Health Equity team has collaborated with the IAP Program to provide health education services during vaccine events and inform community partners who serve diverse populations about IAP services. The IAP Program also works with SRHD's Data Center to survey individuals from disproportionately impacted populations on their perceptions of vaccine accessibility, barriers, and trust. The information gathered is used to make changes to the program to improve access to vaccine services.

Plan for 2025

In 2025, the Health Equity Program will continue to support and collaborate with all programs to examine and implement internal infrastructure improvements to ensure SRHD's work is equity centered. The Health Equity Team will assist authors of policies and procedures with using the Health Equity Analysis tool, and ensure all policies and procedures are examined from an equity perspective. The Health Equity Definitions Document will continue to be shared throughout the organization and used as an educational tool when engaging with staff on health equity initiatives. Implementing the Civil Rights Plan will be a priority in 2025, with a focus on staff education and changes to internal operations as needed.

³ For more information about Public Health Accreditation Boards standards, visit [Version 2022 - Public Health Accreditation Board \(phaboard.org\)](https://phaboard.org).

Action 2

Spokane Regional Health District will lead, engage and call-to-action the community, partners, and other local jurisdictions in strategic partnerships to develop and implement public policies for the purposes of eliminating health inequities. Specifically, Spokane Regional Health District will provide institutional means for community-based organizations and individual community members most impacted by racism to participate in decision-making for programs, policies, services, interventions, and materials.

Progress in 2024

SRHD programs understand the importance of engaging with community partners, community members, and other local jurisdictions on eliminating health inequities. Trusted relationships need to be built before work on public policy can begin. Many programs have built community partnerships over time and engage with a variety of partners depending on the work they're doing and the communities' needs. Within the Health Equity Program, these partnerships are shared through the internal SharePoint site so that other SRHD staff can be informed about the work the program is doing and look for opportunities to build new connections. More importantly, this information is used to identify gaps in where SRHD is not reaching community partners or community members.

When gaps are identified, the focus shifts to filling that gap with community partner engagement and relationship building. The Community Workers on the Health Equity Team work to identify community organizations and members to connect with and do outreach to ensure SRHD is reaching everyone in the community. All SRHD programs are encouraged to continuously evaluate who they are engaging with and identify any gaps that exist. For example, the IAP and EPR Programs have standard operating procedures that include working with community-based organizations and community members to develop programs, access, services, interventions, and materials to help fill gaps that have been identified by these partners.

Plan for 2025

Engagement with the community, partners, and other local jurisdictions often happens within program silos, and institutional means for those most impacted by racism to participate in SRHD work is dependent on program resources. In 2025, the Health Equity Program will work to improve internal communication, so staff know who is working with whom and in what capacity. This will improve efficiency with community engagement, avoid duplication of effort, and ensure community partners aren't being overburdened with similar requests for collaboration. There will also be a focus on utilizing these partnerships to develop and implement public policies focused on eliminating health inequities. For providing institutional means for the community to participate in this work, the Health Equity Program will collaborate with SRHD leadership to identify internal means for this work and opportunities to utilize these resources.



Action 3

Spokane Regional Health District will call-to-action and foster community partners to advance health equity by providing health education, health communications, and other public information about community health status and needs in the context of health equity (e.g., focused on determinants vs. focusing solely on individuals' health behaviors).



Progress in 2024

SRHD programs collaborate closely with community partners to provide health education, health communications, and other public information. This information is shared in a variety of ways including through SRHD's website, social media, focused community outreach, and tabling at community events. Several different SRHD programs table at a variety of community events. The Health Equity Programs' Community Workers focus on connecting with the community, learning more about their needs, and sharing relevant health information. From January to August 2024, the program attended 23 events and engaged with over 1,400 community members. However, there are even more events that SRHD as an organization has attended and reached additional people.

The Health Equity team collaborates with programs to make connections with community partners and shares feedback from the community with the goal of adapting services to best fit the community's needs. There are numerous examples of how SRHD programs are building community partnerships and helping advance health equity. Some include:

- The Nurse Family Partnership (NFP) Program supports and partners with Shades of Motherhood and Health Justice Recovery Alliance to promote their work in the health equity space. NFP also refers clients to Doula services and other applicable services to support the clients' outcomes related to their social determinants of health. For example, the NFP program offers Indigenous clients referrals to Indigenous Birth Justice to engage in culturally rooted birth practices. The program recognizes the inequities of the populations they serve and adapts the program to address gaps where appropriate. NFP also collaborates with the Health Equity Programs' Community Workers to recruit and serve clients from their respective communities, which includes working with the Slavic and Marshallese Community Workers.
- The CDIP Program collaborates with partner organizations on homeless outreach. These partnerships have strengthened and connected services for those who are unhoused. The program also has worked with partner organizations to support refugees and migrants. For example, the team collaborated with partners to organize lead pot exchanges for individuals from Afghanistan. Between two events, a total of 145 pots were exchanged and 68 people were tested for elevated blood lead levels. Health education materials were also shared in a variety of languages and formats⁴. The Health Equity Program funded the translation of some health education materials.
- The HIV/STD Prevention Program utilizes data from the Data Center and CDIP Programs to examine social determinants of health and demographic risks for certain populations. This information helps refine the program's scope and services to best fit client needs.
- The Media and Communications Program ensures health education and communications are available to the community. The program has collaborated with the Health Equity team to provide materials in different languages and ensure they are culturally appropriate and easily accessible for everyone. The team shares information every day through a variety of platforms. A few activities to highlight include:
 - Promotion and education about walk audits, which focuses on improving the built environment and public safety
 - Education about the stigma around people with substance use disorder and how this stigma can hinder access to services
 - Promotion of vaccination clinics for both children and adults as well as health screenings via the Department of Health's Care-A-Van
 - Promotion of the importance of social support during extreme weather events

⁴ More information about SRHD's lead pot work can be found at [Safer Cooking—Without Lead | SRHD](#).

- Sharing information about poor air quality, where to access safe environments, and how to make home environments safer
- Encouraging social support when educating about the dangers of tobacco use and how to access tools to quit smoking
- Promotion of access to fresh fruits and vegetables and how to use available benefits to purchase them, such as how to use WIC benefits at farmers markets
- Sharing ways to access affordable swim safety gear
- Development and promotion of accessible dashboards that help the community understand certain diseases and how they affect different populations
- Publishing blogs about topics that disproportionately impact certain populations and explaining why there is a need to focus on them
- The IAP Program hosted the 2024 VaxExpo, which focused on coordinating educational information for healthcare professionals, vaccine advocates, and public health professionals. The purpose of hosting the VaxExpo event is to offer an educational opportunity for professionals on the eastern side of Washington. Seventy percent of attendees were from Eastern Washington. The Health Equity team also attended the event to promote other SRHD information, emphasizing the importance of increasing access to public health programs and services throughout our community's health care system. The IAP Team is also continually identifying new partners who they can collaborate with to provide access to resources and immunizations in low barrier settings. The program created informational materials for refugees and immigrants on accessing public health services and a toolkit to help translate vaccine records.

Plan for 2025

Fostering community partnerships and sharing health information will always be continuing work for SRHD. The organization and programs have made progress on ensuring the information shared is accessible to everyone, and this work will continue in 2025. The Civil Rights Plan will contain a Language Access Plan which will provide guidance to all programs on what languages to provide materials in and when translations are required. Programs will also be encouraged to seek technical assistance from the Health Equity Program on adapting communications to fit the needs of populations of focus.

In 2025, the organization's Community Health Needs Assessment and Community Health Improvement Plan will be released. The Community Health Needs Assessment utilizes the National Association of County and City Health Officials' Mobilizing for Action through Planning and Partnerships 2.0 process, which includes using the Health Equity Action Spectrum to explain how root causes influence social determinants of health and individual health outcomes⁵. The Health Equity Team and other SRHD programs will utilize the community health status results to adapt work as needed, with a focus on social determinants of health.



⁵ For more information about the Mobilizing for Action through Planning and Partnerships process, visit [Mobilizing for Action through Planning and Partnerships \(MAPP\) - NACCHO](#).

Action 4

Spokane Regional Health District will call-to-action and champion transformative change to advance health equity through supporting an ongoing, all-staff professional development program that aspires to the attainment of core competencies in health equity, cultural competency, and anti-racism.

Progress in 2024

The Health Equity Program has been collaborating with the Administration Division on creating ongoing, all-staff professional development for health equity. With the hiring of the Health Equity Specialist & Civil Rights Coordinator in 2024, trainings have been developed and are beginning to be implemented. The first training is a Health Equity 101 Training that explains the basics of health equity work and establishes foundational knowledge. The training has been integrated into new employee orientation, and SRHD's Executive Leadership Team received the training on August 27, 2024.

The Health Equity Specialist & Civil Rights Coordinator is also responsible for continually assessing employees' knowledge and ability to center equity in their work. This work began with a staff-wide survey in 2023, but has shifted to smaller-scale, informal assessments with each program. This assessment work informs future additions to the all-staff professional development program to ensure that staff have the knowledge and tools they need to best serve the Spokane community, especially those most marginalized.

Professional development is also encouraged within each SRHD program. For example, the NFP program completed a Cultural Consciousness Pathway training in 2024 through the NFP National Service Office. The training focused on supporting participants with delivering culturally conscious care to clients and having culturally conscious team interactions.

Plan for 2025

In 2025, the Health Equity Program will continue to work with programs to offer trainings for staff to expand their understanding of health equity, cultural competency, and anti-racism. The program's goal is to have all SRHD staff trained in Health Equity 101 by mid-2025. Additional training topics planned for 2025 include gender and pronouns, stigma, and cultural humility. The Health Equity Program will also continue to assess, collaborate with, and encourage programs to take advantage of trainings they may have available through other organizations.

Action 5

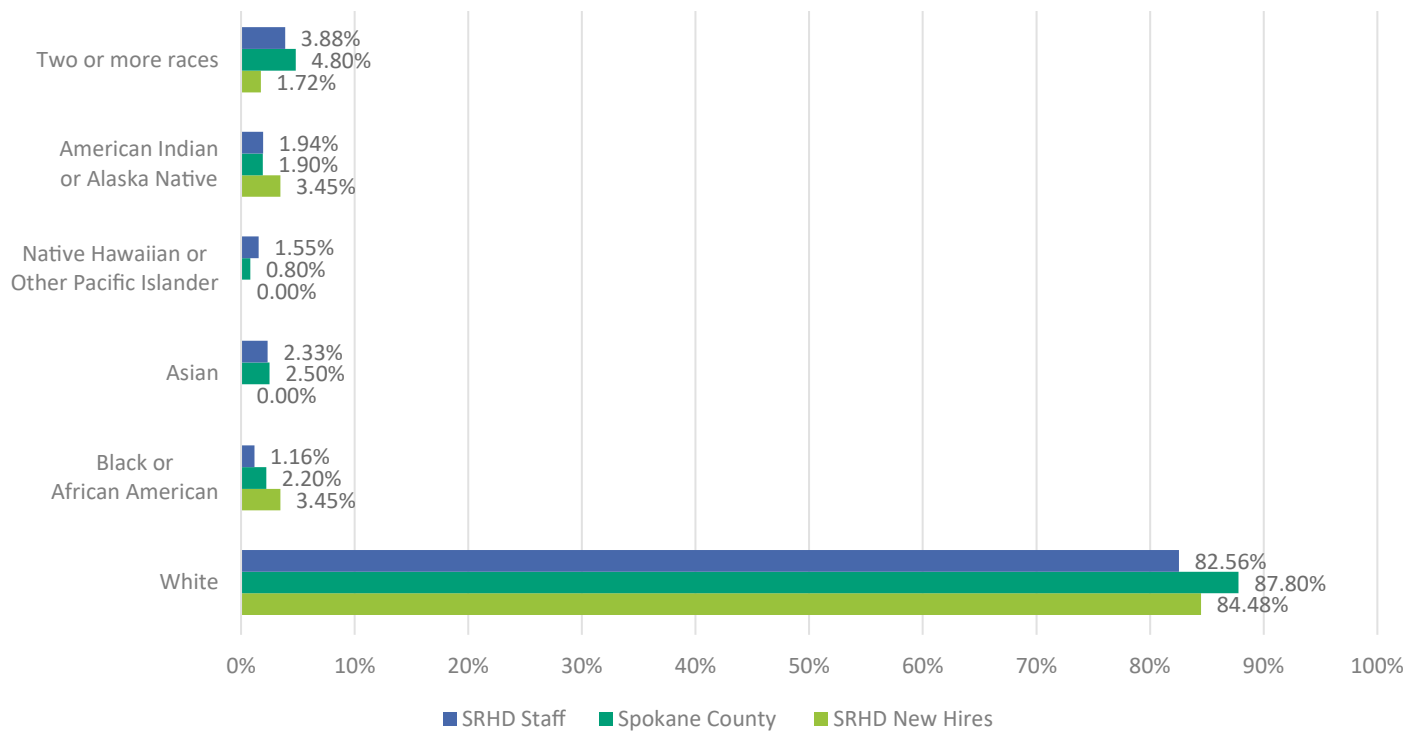
Spokane Regional Health District will apply strategies for recruiting and hiring a workforce that reflects the demographic, cultural, and linguistic characteristics of the population it serves.

Progress in 2024

In 2023, SRHD's Human Resources (HR) program began utilizing Circa to expand the reach of the organizations' job postings to more diverse candidates. Circa works to connect SRHD with partners who support diversity initiatives, helps build a diverse workforce, and drive innovation and growth. Due to the timeline of compiling reports, employee demographic data for 2024 is not currently available.

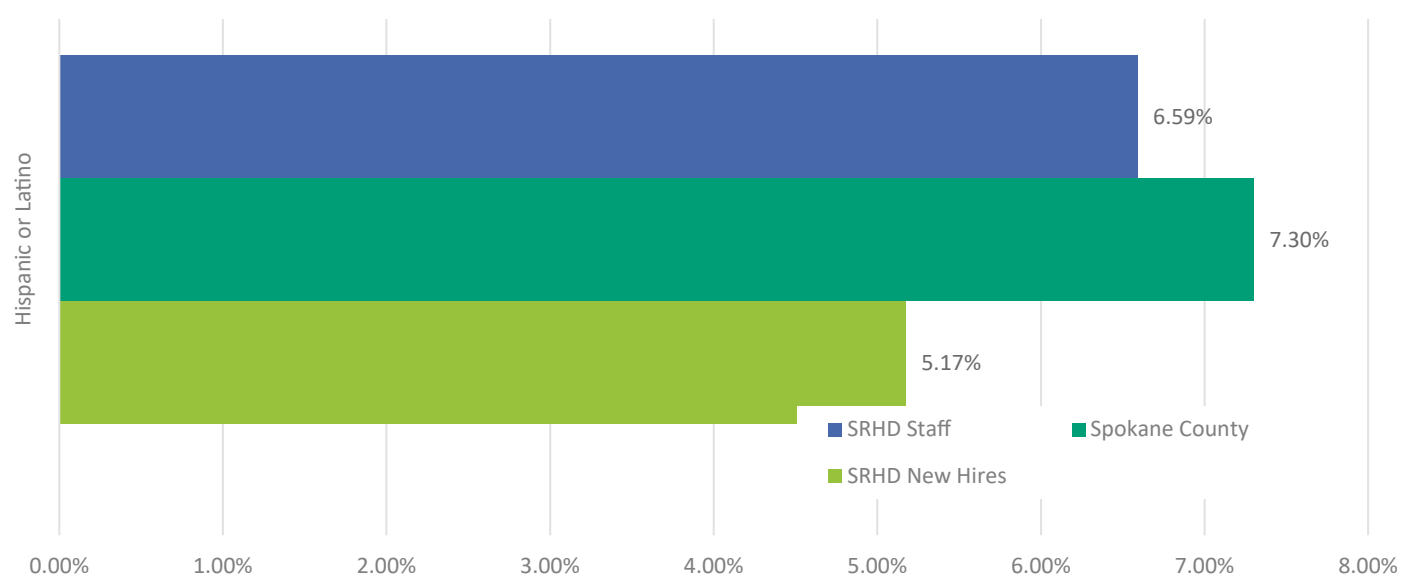
However, Equal Employment Opportunity (EEO) and Veterans' Employment Report data is available for 2023 to establish a baseline of SRHD's workforce demographics and how they compare to both Spokane County demographics and new hires (see Figures 1-4). Note that the EEO data reporting timeline is July 1, 2022 to June 30, 2023 (Figures 1-3), and the Veteran's Employment Report data reporting timeline is September 1, 2022 to August 31, 2023 (Figure 4).

Figure 1. Race Demographics



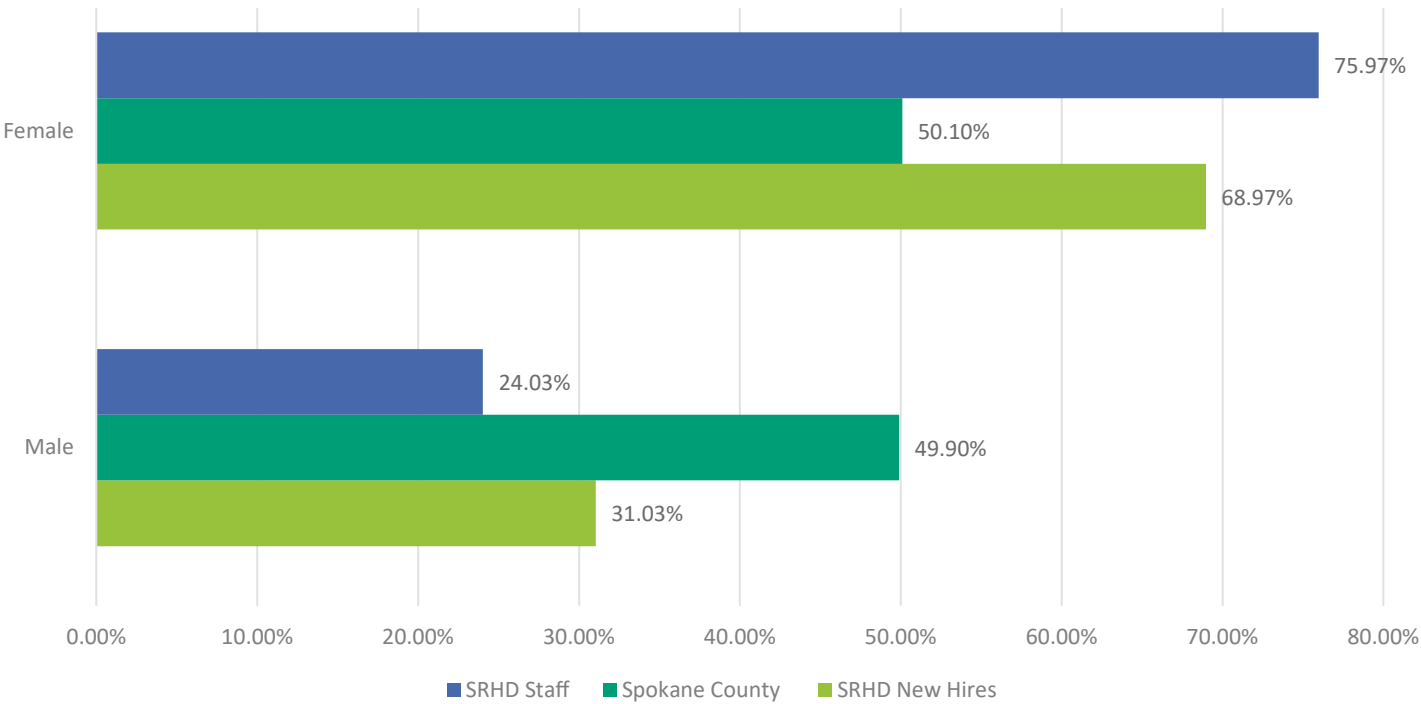
Spokane County data source: [U.S. Census Bureau QuickFacts: Spokane County, Washington](#)

Figure 2. Ethnicity Demographics



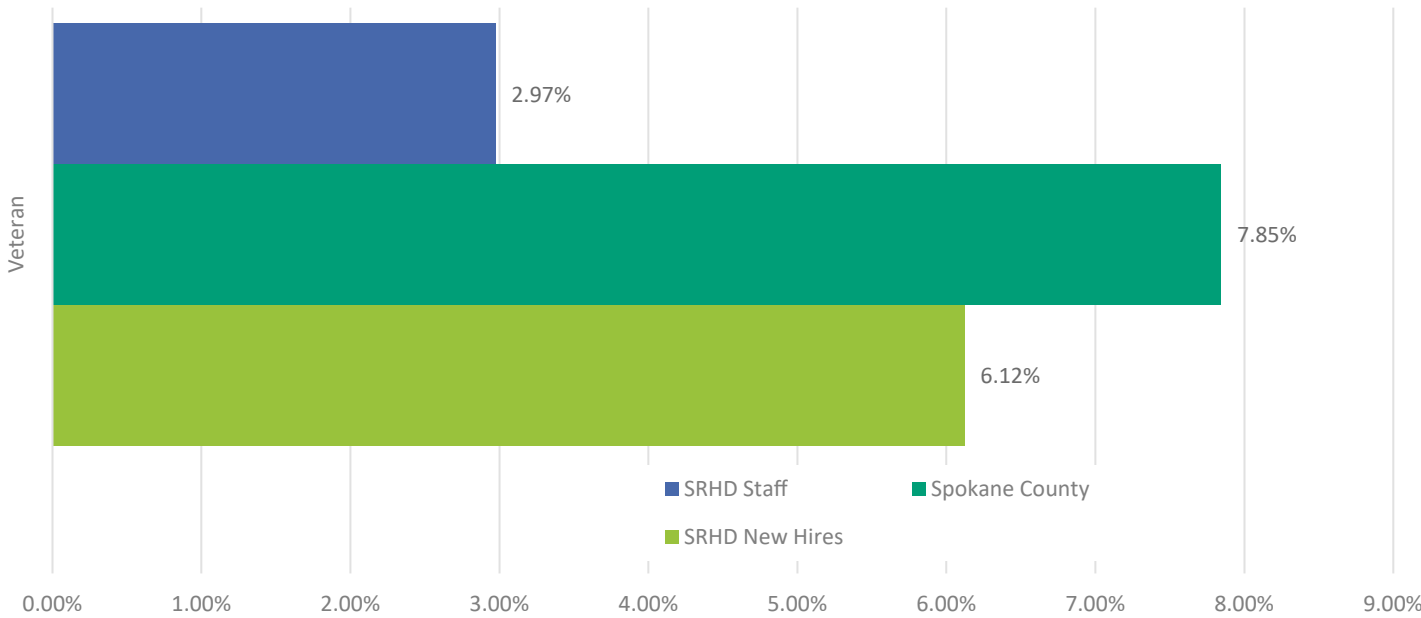
Spokane County data source: [U.S. Census Bureau QuickFacts: Spokane County, Washington](#)

Figure 3. Gender Demographics



Spokane County data source: [U.S. Census Bureau QuickFacts: Spokane County, Washington](#)

Figure 4. Veteran Demographics



Spokane County data source: [U.S. Census Bureau QuickFacts: Spokane County, Washington](#)

In addition to the organization-wide commitment to strive for a workforce that reflects the Spokane community, the NFP Program hired a Spanish-speaking nurse who will help ensure linguistically and culturally appropriate services are provided to Spanish-speaking clients. The NFP team is doing outreach to organizations that serve Spanish-speaking clients, and ensuring the NFP nurse has the necessary documents translated into Spanish, including NFP brochures, enrollment forms, client visit forms, and client education materials. This is one example of how strategies for recruiting and hiring a workforce that reflects the community SRHD serves can help programs increase their ability to serve everyone equitably.

Plan for 2025

In 2025, there will be a focus on distributing more targeted job postings to local community organizations. The Health Equity team will connect the HR program with community organizations with interest in sharing SRHD’s job postings with their clients. Circa will continue to be utilized to increase the reach of online job postings. The HR team is also exploring participating in campus recruiting and job fairs to better spread the word about working in local public health.

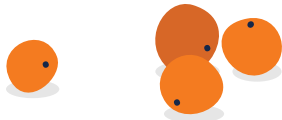
Closing

Since the signing of the Health Equity Response Resolution, a lot of work has been done across the organization to ensure it is fully implemented. This report doesn’t cover the entirety of the work that’s been completed to date but does highlight examples of how this work looks in action. While 2024 showed great progress, there is still much to do in 2025. By establishing a Health Equity Program, SRHD has been able track what efforts are being made, identify gaps, and provide guidance to programs on how to improve their

health equity work. In addition, the Health Equity Program’s internal efforts have ensured equity is part of doing business at SRHD. The Health Equity Program looks forward to continuing this important work, and thanks the Board of Health for its continuous support.

Appendix A

Resolution #20-07 Adopting a Spokane Regional Health District Health Equity Response. See pages 14-15.



BEFORE THE BOARD OF HEALTH
SPOKANE REGIONAL HEALTH DISTRICT

RESOLUTION #20-07

RE: ADOPTING A SPOKANE REGIONAL HEALTH DISTRICT HEALTH EQUITY RESPONSE

WHEREAS, health disparities have existed in America for more than 400 years and Americans are now witnessing a coronavirus pandemic which is shining a stark light upon the long-running racial divide – Black, Indigenous, and people of color (BIPOC) dying in larger-than-expected, record numbers, and BIPOC disproportionately suffering in-part due to long standing, unaddressed health disparities resulting from the inequitable distribution of power and resources, as well as systematic racism and other socioeconomic inequities; and

WHEREAS, there is clear data to illustrate that racism negatively impacts the lives of BIPOC in Spokane County; the current COVID- 19 crisis has helped to highlight now, more than ever, that structural racism, not race causes disproportionately higher rates of homelessness, incarceration, and economic hardships for BIPOC and racism can be seen across systemic, institutional and interpersonal levels - all operating over the course of time and across generations; and

WHEREAS, the negative repercussions of historical racism, including but not limited to discriminatory lending practices of the 20th century known as “redlining” and the current limitations and access to healthy, nutritious food, reduced life expectancy, increased exposure to indoor environmental hazards, and higher rates of infant mortality demonstrate the current impact of structural racism; and

WHEREAS, the privileges that other Americans experience inhibits them from fully understanding how racism impacts BIPOC; for example, the performance of simple tasks like driving, walking in neighborhoods or just going to a park come with certain risk not experienced by others and life events like getting a job, purchasing a home, buying a car, or just raising a family come with barriers that other cultures don’t experience; and

WHEREAS, the Spokane Regional Health District Board of Health supports the recent work of the American Public Health Association resolution declaring “Racism as a Public Health Crisis”; because it recognizes that racism is real and as a community, we have to work together to promote equity and eradicate racism; and

WHEREAS, this Board believes that it is now time to declare racism a public health crisis in our community; because the disparities that we have outlined represent a public health crisis which affects us all, and we, as a civil society, have an obligation to raise awareness and make sure that every sector of our society works to reverse this crisis; and

WHEREAS, this Spokane Regional Health District Board of Health urges every sector of society to declare these inequities as a public health crisis and to immediately take steps to address, fund, and support areas that strategically reduce the long-term impact of the social determinants and influences for at risk communities - this includes reducing and eliminating preferential treatment for the majority while subjecting people of color to increased hardships,

NOW, THEREFORE, BE IT RESOLVED that the Spokane Regional Health District’s Board of Health adopts as follows:

1. Spokane Regional Health District will build the internal infrastructure to advance health equity by applying a health equity lens to current and new programs, policies, services, and interventions to ensure they include public health actions that break the cycle of health inequity in the community.
2. Spokane Regional Health District will lead, engage and call-to-action the community, partners, and other local jurisdictions in strategic partnerships to develop and implement public policies for the purposes of eliminating health inequities. Specifically, Spokane Regional Health District will provide institutional means for community-based organizations and individual community members most impacted by racism to participate in decision-making for programs, policies, services, interventions, and materials.
3. Spokane Regional Health District will call-to-action and foster community partnerships to advance health equity by providing health education, health communications, and other public information about community

health status and needs in the context of health equity (e.g., focused on determinants vs. focusing solely on individuals' health behaviors).

4. Spokane Regional Health District will call-to-action and champion transformative change to advance health equity through supporting an ongoing, all-staff professional development program that aspires to the attainment of core competencies in health equity, cultural competency, and anti-racism.
5. Spokane Regional Health District will apply strategies for recruiting and hiring a workforce that reflects the demographic, cultural, and linguistic characteristics of the populations it serves.

Signed this 25th day of June 2020 in Spokane, Washington.

SPOKANE REGIONAL HEALTH DISTRICT
BOARD OF HEALTH

ABSENT

CHAIR, MAYOR BEN WICK



BREEAN BEGGS, COUNCILMEMBER



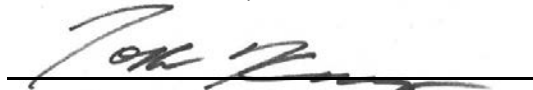
KEVIN FREEMAN, MAYOR

ABSENT

AL FRENCH, COMMISSIONER

ABSENT

ANDREA FROSTAD, BOARD MEMBER



JOSH KERNS, COMMISSIONER



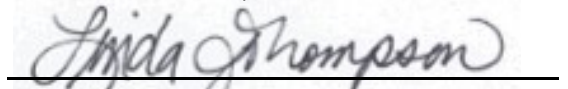
VICE CHAIR, COMMISSIONER MARY KUNEY



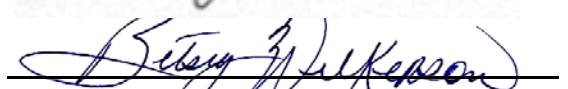
JASON KINLEY, BOARD MEMBER



KAREN STRATTON, COUNCILMEMBER



LINDA THOMPSON, COUNCILMEMBER



BETSY WILKERSON, COUNCILMEMBER



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