

EQUITY WORKING GROUP

JANUARY MEETING NOTES

Location: 421 W Riverside Ave, Suite #500
Date: January 21st, 2026
Time: 4:15 – 5:15 pm
SRTC Staff: Michael Redlinger, Savannah Creasey
SRHD Staff: Adam Swenson, Jazzy Landes, Robin Albrandt
Attendees: Monica H., Madeline A., Holly C., Katy P., Coby Z., Charla J., Madison B.

Michael began the meeting by welcoming attendees and thanking them for their participation. Due to a conflict with the Spokane Transportation Commission meeting, Michael and Savannah announced that future meetings would likely take place on Mondays. An email was distributed to EWG participants to confirm there was no problem with the change. Savannah also asked those in attendance if everyone was comfortable having a photo taken during the meeting for SRTC and SRHD agency use.

The first agenda item, WSDOT’s Public Transportation Plan (PTP), was presented by WSDOT’s Coby Zeifman. Coby provided an overview of the PTP update, a state-mandated planning document that establishes statewide interests, goals, and performance measures for public transportation and guides investment decisions across Washington. The last PTP was published in 2016 and reflected a 20-year horizon; WSDOT is now developing an updated plan with an approximately 10-year focus to account for significant changes since that time, including the COVID-19 pandemic, emerging technologies, and new federal and state funding. The current update emphasizes alignment with other statewide plans and a more intentional focus on access and mobility. Early engagement with community-based organizations informed a draft vision centered on ease of use, connectivity, and centering the needs of non-drivers. Coby described WSDOT’s progress to date, including research and analysis documented through a series of briefing papers and identification of preliminary system gaps such as insufficient funding, inequitable environmental justice investment, limited interjurisdictional coordination, challenges accessing available funding, inadequate metrics for measuring access, and real or perceived safety concerns. The agency outlined its phased engagement process, which includes industry, community, technical, and internal executive advisory groups, as well as broader statewide outreach planned for 2026 in partnership with community-based organizations. Technical analysis supporting the plan will use improved accessibility modeling that incorporates sidewalk networks and service frequency rather than simple proximity measures, allowing for more accurate assessments of access across diverse geographies and populations. WSDOT anticipates completing the Public Transportation Plan by the end of 2026 and welcomed continued feedback throughout the process. Participant questions related to the planning timeline for the PTP and the use of quality of life surveys to measure success.

Next, Jazzy Landes from SRHD presented an overview of the Community Health Needs Assessment (CHNA), a countywide study that evaluates the health and well-being of Spokane County residents and informs public health priorities and investments. The most recent CHNA identified three primary health priorities—substance misuse, housing affordability, and mental health challenges—which now guide SRHD’s work with community partners and have already

influenced funding decisions, including alignment of grant priorities toward community-identified needs. SRHD emphasized that community input is central to the CHNA process and is used to define a shared vision of a healthy community, identify existing strengths and resources, assess perceptions of neighborhood environments, and understand barriers to health. Engagement occurs both directly and through a broad network of partners, including nonprofit organizations, schools, healthcare providers, civic groups, and other sectors that influence health outcomes. Looking ahead to the 2027 CHNA, SRHD outlined a multi-method engagement approach designed to lower barriers to participation and expand access, including visioning exercises, small-group table talks, storytelling, community photography, listening sessions, and community participation in criteria selection for prioritizing health needs. Staff highlighted that criteria selection uniquely shares decision-making power with the community to ensure priorities reflect community values rather than solely project team perspectives. Participants were encouraged to provide feedback on the proposed engagement design and to connect with SRHD staff to participate in or support upcoming CHNA activities. Participants noted that trust, personal invitation, or knowing others involved may increase the likelihood of participation, while barriers such as physical access could limit involvement. Jazzy highlighted that the study design includes non-text-based engagement options using imagery and photos.

The next agenda item, presented by SRHD's Robin Albrandt, focused on the Spokane Health Equity in Disasters Task Force, a pilot initiative launched in September 2023 through a partnership with the Administration for Strategic Preparedness and Response and the World Institute on Disability. The project convened stakeholders from public health, emergency management, community-based organizations, and underserved communities to examine the root causes of disaster-related health inequities, with a particular focus on people with disabilities in Spokane County. Staff described how people with disabilities experience disproportionate impacts during disasters due to barriers such as limited access to information and services, exclusion from planning processes, mobility and transportation challenges, loss of assistive equipment and support services, and prolonged recovery timelines. Using an environmental scan, surveys, and facilitated planning tools, the task force identified key gaps and developed prioritized recommendations supported by root cause analyses and SMART objectives. Three primary focus areas emerged: accessible and inclusive public communication, addressing bias and perceptions within provider organizations through training and advocacy, and improving access to resources such as functional needs support services, accommodations, assistive technology, and transportation. Several recommendations have already been implemented or transitioned to existing bodies, including Spokane County Emergency Management's Disabilities Access and Functional Needs (DAFN) workgroup, which has agreed to continue advancing the work. SRHD noted that Spokane was one of three national pilot sites and that findings were consistent across locations, underscoring the importance of sustained funding, reliable data, active participation, and meaningful inclusion of people with lived experience. Staff emphasized that building trust-based relationships, respecting prior work, and maintaining cultural competence are essential to advancing equitable disaster preparedness and recovery outcomes. Robin then invited folks to participate in SRHD's Disability Access and Functional Needs Workgroup facilitated by Spokane County Emergency Management.

Michael then closed out the meeting by thanking presenters and participants. He reiterated that the EWG will change its meeting day to Monday for March.



Data Center Program

Information Brief: Spokane County Health Priorities

2024-2025 Community Health Needs Assessment

Background

A community health needs assessment is like planning a road trip. It looks at the health and well-being of people in our community, highlighting where we are, where we want to be, and what resources we have to get there. The power of the community health needs assessment lies in how it's used. The process produces a short list of the top health priorities, which focuses improvement efforts in our community. The results inform local strategic plans, investment plans, and policies that all contribute to a healthier community.

MultiCare 

 Providence



In Spokane County, MultiCare Health System Inland Northwest Region, Providence Inland Northwest Washington, and Spokane Regional Health District partner to produce a joint community health needs assessment every three years.



Takeaways

The 2024-2025 Community Health Needs Assessment (CHNA) used quantitative and qualitative data to identify the top health priorities in Spokane County. Priorities haven't shifted much from the last assessment, but substance use rose significantly.



PRIORITY 1 **Reduce housing cost burden**

Many people are burdened by housing cost in Spokane County, and renters are disproportionately impacted.



PRIORITY 2 **Reduce substance use**

Substance use increasingly results in deaths by overdose in Spokane County.



PRIORITY 3 **Improve mental health**

Mental health challenges, like anxiety, depression, and trauma, affect health and well-being in Spokane County.

Our community has many strengths. Almost three in four people provided mutual aid in 2022; this aid uplifts our community, making it a better place to live and work. People appreciate outdoor spaces in Spokane County and use them to build and maintain relationships or gather groups of people. We also have more social associations per 10,000 people than the Washington state average. These data speak to a community that enjoys supporting and spending time with others.

The Health Sciences and Services Authority of Spokane County (HSSA) is investing up to \$925,000 through the Access to Care Grant to advance the top health priorities.

Implications for Practice

Review the data & take notes

Read the 2024-2025 Community Health Needs Assessment (CHNA). We can target weaknesses in our community's health by leveraging our strengths. As you read the report, jot down ideas about how to move from data to action.

Find the CHNA at
srhd.org/data-and-reports

Act on the data

It takes all of us working within our spheres of control and influence to make change. The sphere of control includes all things you have direct control over. A parent has control over grocery purchases. A small business owner has control over products offered. The sphere of influence includes all things you can influence but not control. Program staff can influence management decisions. Doctors can influence patient behaviors.

Strategies for acting on data:

- Align project or program goals with the CHNA priorities.
- Align community programming with the CHNA priorities.
- Use Health in All Policies.¹
- Nudge for good.²

A key principle is to do what you can with what you have. Improvement doesn't have to be costly to be impactful.

*Everyone has a role
in community health.*

*What will
you do?*



Let's model this with mental health

A human resources team might...

- Create opportunities for staff to volunteer, socialize, learn, and exercise together.
- Work with IT to create an agency-wide desktop shortcut to Employee Assistance Program resources.
- Partner with the Medical Reserve Corps of Spokane County to offer suicide prevention training.³

A community group might...

- Nudge to reduce risk factors, like texting reminders to exercise or tips for coping.
- Use fun theory to teach emotional regulation skills to parents and kids.
- Create spaces to develop found family relationships.

A foundation might...

- Create an impact investing fund.
- Invest in the expansion of mental health treatment services.
- Require health impact assessments for funded projects.⁴

Reach out if you're not sure where to start

Connect with the SRHD Data Center (datacenter@srhd.org or 509.323.2853) to talk about context-specific strategies for translating the CHNA data into action.

Endnotes

- 1 American Public Health Association (APHA). Health in All Policies. <https://www.apha.org/topics-and-issues/health-in-all-policies>. Date unknown. Accessed May 22, 2025.
- 2 Murayama H, Takagi Y, Tsuda H, Kato Y. Applying nudge to public health policy: practical examples and tips for designing nudge interventions. *Int J Environ Res Public Health*. 2023;20(5):3962. <https://doi.org/10.3390/ijerph20053962>.
- 3 Spokane Regional Health District (SRHD). Medical Reserve Corps of Spokane County: training opportunities. <https://srhd.org/programs-and-services/medical-reserve-corps-spokane/training-opportunities>. Date unknown. Accessed May 22, 2025.
- 4 Centers for Disease Control and Prevention (CDC). Health impact assessment. <https://www.cdc.gov/healthy-places/php/health-planning-tools/health-impact-assessment.html>. Published January 31, 2025. Accessed May 22, 2025.