Kitsap Health Equity Collaborative meeting

July 21, 2024 – 1:30 p.m. to 3:30 p.m.

Hybrid Meeting (Chambers at NDGC and Zoom)

Organizations present	
Ancient Cedars	Kitsap Public Health District
Alliance for Equitable Healthcare	Kitsap Strong
Bremerton Municipal Court	Living Life Leadership
Catalyst Public Schools	LGBTQ State Commission
City of Bainbridge Island DEI	Olympic College
Foundation for Homeless and Poverty	Peninsula Community Health Services
Management	-
Gather Together Grow Together /The Conduit	Sinclair Baptist Church
Hope 360	Suquamish Tribe
Kitsap County Accessible Communities	Surviving Change
Advisory Committee	
Kitsap County Division of Aging and Long-	Up From Slavery Initiative
Term Care	
Kitsap County Veteran Services	Virginia Mason Franciscan Health/SMMC
Kitsap Immigrant Assistance Center	We Are Better Together Foundation
Kitsap Mental Health Services	

Welcome and Acknowledgements

- Erica Whares, Equity Coordinator for Kitsap Public Health District, introduced themself.
- Erica noted a change in meeting duration to allow more time for discussion.
- Land Acknowledgement & Labor Acknowledgement

Group Introductions

Members online and in-person introduced themselves and shared briefly about their work

Recap of Last Meeting What We're Doing to Address Bias in Healthcare

- Kitsap Public Health District
 - Black Infant Thrive
 - o Resources for queer & trans bias in healthcare
 - o Culturally responsive training for all staff, from front desk to practitioners
- Saint Michael Medical Center (Virginia Mason Franciscan Hospitals)
 - o Training
 - Workforce Development
 - o Addressing Health Equity within VMFH hospitals
 - o Community Engagement
 - Supporting local economy and diversity owned businesses
- KC Accessible Communities Advisory Committees
 - Network of information sharing
 - o New Section 504 ensures assistance is available for individuals in wheelchairs and walkers
- Kitsap Immigrant Assistant Center
 - Health related programs, specifically for adults who don't qualify for health insurance currently, such as KIAC's free medical clinic
 - Help clients navigate healthcare portals, fill out financial assistance forms, gather documentation to track billing from emergency departments visits, etc.

- o Language assistance for increased interpretation (e.g. native Mayan language speakers are often paired with Spanish interpreters but they do not share the same language)
- o Assist with transportation to get to appointments, including medical appointments.

Ancient Cedars

- o Mary Gubatayao shared an indigenous song and asked that the HEC amplify the importance of understanding the healing powers of indigenous practices and culture
 - Many tribes have experienced success in addressing substance abuse through strength in indigenous community, culture and language, such as the Suquamish Tribe's Healing of the canoe program.
 - Invest in the revitalization of indigenous culture
 - Local African American & Indigenous Drum circles have been held to promote wellness through culture
 - Called for a decolonization of HEC meetings

"What I Need From You" Activity & Breakout Groups

• What I need from Community Leaders

- Keep advocating
- Continue to be present
- Encouragement for groundwork
- o Changing biases/interpretation in personal lives
- o Increase education/ share how best to access services
- o Ensure the most vulnerable of our community are linked up with health insurance
- o Increase of health literacy and complex public health systems
- o Free clinic meets the needs of the neediest in the community do more to ensure these organizations have the resources they need to run the clinics

• What I need from Leaders of Organizations

- o Commitment to solidarity, diversity and inclusion
- o Resource support and allocation
- Listen to us and amplify our (community leaders/members) voices (needs)

• What I need from Healthcare Leaders

- ASL interpretation
- o Tables of varying height
- O Share what is available and where to find it
- o Interpretation for different languages so kids don't have to interpret for their parents
- Be intentional with certification process to give adequate and appropriate services to care (for example: culture master)
- o Listen to actual community needs there is a difference between community needs assessment and what the actual needs of the community are
- Transparency
- o Encouragement for groundwork
- o Changing biases/interpretation in personal lives

Commitment to Addressing Bias in Healthcare

15% Solutions – What can you do NOW with the resources and access you currently have to start addressing these issues?

• Will consider starting next meeting with this share out as we continue discussing what action(s) to take around reducing biases in healthcare and promoting culturally responsive healthcare.

Planning for Future HEC Meetings

- Topic Suggestions
 - o Commitment to communities who have been and continue to be marginalized

o Uplift the needs of members of the queer community

Wrap-Up

• Meeting ended at 3:40 p.m.