

Island County Community Partner Assessment Meeting

Date/Time: January 22nd, 2024 ; 12PM – 3PM

Online Zoom: <https://zoom.us/j/98809416844?pwd=Y2ZLSXh2VFYzTENrdWUrdEN5S2dndz09>

Location: [Granary from Lavender Lane – 180 Parker Road Coupeville, WA 98239](#)



Time	Subject/Topic	Notes
15 minutes	<p>Welcome and Introductions</p> <ul style="list-style-type: none"> • Name and Title/Organization • <i>Small Group Icebreaker Question:</i> What's one thing about your city/town that you are proud of? 	Most all hands went up for seeing a new face – to build new partnerships. There is a large diversity in community partners in attendance.
5 minutes	Group Expectations and Ground Rules – Q&A	No recommended changes. Folks in the room asked where the bathrooms are located.
30 minutes	<p>Overview of MAPP and the Community Partner Assessment</p> <ul style="list-style-type: none"> • Presentation and Q&A 	Notetaker left to grab equipment, no notes on the first presentation.
15 minutes	Activity: Defining Health Equity	<ul style="list-style-type: none"> • Engaging community members in a healthy and equitable way. • Available Health services for all – including all different groups, socioeconomic status, gender, age – across all boundaries. Health for disabilities? • Health services that fit the individual for what their need at the time. Health is everchanging and you can't fit it into a box. • Equal opportunity to spaces, care, etc. Most teens and young adults don't know what services are available to them nor how to access them. How can we change this? • From school perspective: access to health care at low cost or free. Health care, family stability, food support. • Access and knowledge in many places, many languages, and many formats of

		<p>availability. Creating a platform that reaches more than just English and Spanish. Are we presenting this material in a manner that does not exclude a particular group?</p> <ul style="list-style-type: none">• Transparency and communication on what can be accessed and at what cost. Is there a way that can outline health care and costs for people in the community? An organization that can advertise a price in advance, that is affordable to the public and those without access to insurance. Example: Will provide women's annual screening for \$25.00.• Not just accessibility but affordability in all spans of health care.• Identifying gaps in our society that have harmful impacts and using that to acknowledge systemic structures. Can find a way to utilize these gaps to create new community partners and connections to community members.• A way to find affordable insurance for small businesses that is affordable for those small businesses to provide for their employees.• Disparity between Medicaid and Medicare reimbursements. Acknowledging the label that is associated with Medicaid. Is there a way we can aid in navigating these avenues and providing a resource that helps people understand their options.• Is there a way to engage people in a proactive way to help them understand their coverage?• How do you approach people who will always be dependent on assistance from humanities? How does that fund look? Some people will never have the ability 100% independent.• How do we improve the collaboration process on a more frequent level? Regular meetings, discussions, and collaborative engagement from different entities.
10 minutes	<i>Break</i>	
20 minutes	<i>Community Partner Assessment Survey Results</i> <ul style="list-style-type: none">• Presentation and Q&A	<ul style="list-style-type: none">• Finding and understanding the gaps and discovering ways to fill them. Example: 23,000 seniors and we serve roughly 4,000. How do we reach more? How do we gain the ability to serve more?• No faith groups represented in the meeting today and generally faith groups

	<p>have connections to underrepresented groups in a community. Were they invited or did they not come?</p> <ul style="list-style-type: none">• What are we doing proactively to make the community healthier and what steps are we taking reactively to assist community members and partners who reach underrepresented communities more.• Challenge of how to reach different parts of the island and community in an effective manner. Trying to find an avenue to reach community members through ways they are already receiving communication. Ex: utility bills, partner with local schools to send home information. Is there a way to send out the CHA survey that will reach everyone? It is important to note that not everyone has access to technology, owns a home or a car. How can we focus on reaching the most disconnected groups of people?• Environmental Health questions – missing.• Are there questions surrounding education, early development education and educational support for people with learn and/or physical disabilities?• Response variations in the definition of the what the quality life means to people? Some think of the community as a whole and some think of their families and themselves. Both are valuable, but we need to be intentional about how and what we are asking.• Acknowledging that the community partners have a greater reach than Island County Public Health by itself – what ways can the County utilize this?• Responses are perceptive based on what the survey taker is going through at that time. Taking a survey now versus taking the same survey during COVID.• What capacities would you like to grow as an organization?<ul style="list-style-type: none">○ The ability to further engage the community. Go to their table instead of asking them to come to ours.• IC is representative of the island through a varying degree of income levels, educational, geographical, and ethnic backgrounds. Can we capitalize on this through asking employees or incentivizing employees to participate in the survey to gain a better understanding.• Qualitative and quantitative data – how is the County using the previous CHA collaboratively with the current CHA to acknowledge gaps and groups that we not included. How is this data being measured?
--	---

		<ul style="list-style-type: none"> Getting to the root cause as to WHY health disparities and diseases are higher in the community. Gathering this through the community perspective of those within that specific groups. Missing Partner: the entire Whidbey Health system – ER, Walk-in, Pediatrician, Women’s Care, Primary Care. How many of the ER services are preventable if people have access to Primary Care? Does Whidbey Health have information / data on this? Understand Whidbey Health’s challenges within their system, a collaborative work effort can be made to tackle health disparities together. Health care versus illness care? Insurance system is essentially illness care – what ways can we focus on control and change of public health to assist in keeping people out of hospitals and doctor offices through healthy changes in the community.
30 minutes	Activity: Organization Activities and the Essential Public Health Services	Unable to complete due to time constraints.
20 minutes	Discussion and Reflection	
10 minutes	Closing Remarks and Next Steps <ul style="list-style-type: none"> Activity Reflection Handout 	<p>Island County Public Health will send the following to all partners who were engaged / invited:</p> <ul style="list-style-type: none"> <i>Short Term:</i> Meeting notes, voice recording (if able), Padlet board links for input from partners who were not able to participate in meeting Full Community Partner Survey Report (draft) for review and feedback Community Survey and fliers for distribution “spread the word”

Action Items/Next Steps:

1. Community Partners:

- Provide feedback on Partner Meeting
- Support Community Survey collection efforts
- Consider supporting recruitment efforts for focus groups and interviews.
- Consider participating in Community Health Improvement Plan development (late spring) – including the prioritization of identified gaps and needs to be addressed by Public Health for the next 3-5 years.

2. Island County Public Health:

- a.** Send all partners the Community Survey – which will be used to collect perspectives and views of our community members.
- b.** Follow up with meeting materials for all invitees.
- c.** Reach out to identified partners who were not included in outreach to ask for their input.
- d.** Draft summarized findings from Partner Survey and Meeting and send to Partners for review