Wednesday, April 5, 2023

9:30 AM to 11 AM

Location: Zoom (https://us02web.zoom.us/j/82461932685?pwd=WGZZZzd0dzVwMmFUakVMSkZpZkFFQT09)

Meeting Goals: 1) Review progress on the KCMC Action Plan 2) Highlight two community projects which address known interests of the committee 3) Offer space for partners to request support.

Attendees: Kawai Kaneali‘i, RN; Darryl Sierra, Director EMT, Hopelink; Aaron Flaster, Research Coordinator UW / Community Collaboratory Project; Aaron Morrow, Community Member; Bree Boyce, Hopelink; Julio Perez, Hopelink; Mary Pat O’Leary, RN Senior Planner with Aging and Disability Services; Phoebe Christian, KCHA Programs; Roz, Hopelink; Gabrielle Hodges, CCS Volunteer Services/ Transportation Breanna Lamus, Nurse Harborview / WSU student; Dinah Stephens, Age Friendly City of Seattle / ADS; Sandy Phan, CTN Hopelink; Jonathan Prociv, Volunteer Services

Staff Support: Heather Clark, Staci Sahoo; Laura Loe

Welcome & Introductions
The Committee meeting began at 9:30 AM with an overview of our agenda and attendee introductions.

Staci Sahoo began with a presentation on the progress of the King County Mobility Coalition Action Plan. Presentation slides can provide text detail. These notes focus on details not found in those slides.

Staci notes, “flexible” on Slide 8 means: on-demand, 24-hour, same-day availability. This action would include partnering with already existing services to make sure eligibility includes older adults and people with disabilities.

Comment on these projects: Aaron Morrow shares support for the Story Telling project, noting its potential for carrying high impact.

Referring to the Topics of Interest and Advocacy, Staci mentions forming a work group around volunteer programs.

The brief presentation is concluded with Staci reiterating that Bebhinn is looking for feedback from this committee to make sure that what we are doing is rooted in what this group is doing. If you are not very excited by these topics, please let us know what will get you excited! Please put in the chat, follow up with Bebhinn by email. bgilbert@hopelink.org

Attendees show their support by zoom reaction thumbs up.
**Community Collaboratory: Volunteer Engagement**

Aaron Flaster presents on the Community Collaboratory project and their efforts to develop volunteer onboarding processes.

They are looking to develop a universal screening for volunteers to speed up volunteer onboarding, not tailored to specific tasks. This adjustment is responding to a need that Volunteer Managers are facing, a tiered level of entry to volunteering with less barriers, focusing on retention of volunteers.

Community Collaboratory is looking for feedback as they are drafting criteria and want to hear from you! How would you assess risk, what other criteria should be in this table?

Staci: When does someone go to Community Collaboratory? Mentions that we have seen a lot of unvetted rides from community members to each other over the last few years.

- Aaron F: We are looking at when people need help cleaning. We are looking at mutual aid groups who don’t have capacity or formal protocols. Other groups don’t want to refer to other groups because they don’t know what their vetting process is.

Phoebe: If the reason is private, confidentiality for transportation, how is that considered in this process in terms of if the person being transported has a preference about who is transporting them in these cases? Focus on vulnerable populations and their perspectives in this.

- Aaron F: Goal is to do neighborhood level pods to build that trust over time and vetting neighbor to neighbors.

Darryl: Is there a liaison or team lead that volunteer can go to? How do they know where to get information if they are facing confusion or other barriers to engaging?

- Aaron F: Ideally later on we would have a liaison or staff member, currently no facilitation

Staci: This resource doesn’t exist in our community now – in New York there was a bus buddy program, you can take transit with them or go with them on Paratransit with them; Personal attendant that isn’t an officially employed care giver, but sometimes people want a companion to walk to go to the grocery store – what level of vetting is required if the person who isn’t doing the actual driving of a vehicle in a volunteer capacity?

- Aaron F: Example – I went with someone to the ER recently to make sure they were taken seriously for pain medication; how do we vet for these sensitive circumstances vs for going grocery shopping where there isn’t the same level.

Staci: Also topic of consideration: will this person be handling the client’s money?

Sandy in chat: What about signing people out of medical care?
Jonny P: We (CCS) got permission for people to handle other folks’ EBT cards. We have special procedures and record keeping is required for this type of thing. Is there a better way?

Mary Pat: How is there reporting if something does not go as planned? How could a person be able to provide feedback if something is off?

Heather: What is the plan for youth volunteers?

- Aaron F: A great point. Future we want to do this and are aware of the challenges for youth, younger students, and their families.
- Jonny P: Volunteer Services we have addressed this issue, we try to make it as easy as possible. We allow personal references since they might not have professional references. People sometimes volunteer with their parent or a community leader present. We also use a hub at UW to recruit UW Students. Background checks for foreign exchange students is a barrier. We just dropped our vaccine requirement for clients and volunteers. We still ask for it and if volunteer or client have a preference, we can match that request.
- Roz & Heather: Mentioning their kids’ volunteering and how it is something they want to do and sometimes there are special acknowledgements of their service that motivate them

Valley Medical: Community Surveying Process and Considerations
Kawai Kaneali’i presents on the the UW Medicine, Valley Medical Center Survey. Kawai offers to share the full survey instrument if attendees would like to review all questions.

Kawai notes that Valley Medical chose to change the phrasing of “social determinates of health” to “social drivers of health” to communicate that this isn’t pre-determined while not having to change acronym.

Kawai notes that not all feedback has been combined yet. The survey is pulling from three independent avenues to make results more inclusive and meaningful. The marketing team has a nursing and clinical lens, which helps to adjust their approach to community education and communication.

The results and outcomes from this survey will focus on impact of Valley Medical and how the organization can build trust and do less harm. How the organization can increase transparency, acknowledging their power as an organization that has been White-led and how that shows up for people with trauma around medical field.

The survey did not offer compensation for participation at this time; but our organization is focusing on consultants from most impacted community and having people in the room that have a connection to the community during survey creation.

Phoebe C: KCHS is interested in seeing the survey tool and learning from this process for her work, offering connection to the buildings and residents for future surveys
Jonny P: Why do you think you got skewed respondents in terms of gender and demographic representation?

- Kawai: Our newsletter base is seniors and that is where we got a lot of survey participants from that group

Staci: Was transportation not called out? Is it all from the comment box? How do we get these questions in these types of surveys going forward? What language would it be? Offering our resources and presenting our work to medical settings. Community Needs Assessment was a good learning experience. We’d love to work together!

Darryl: Barriers question: Is it Medicaid or not? We want to provide people with resources. It is hard to know barriers and the more we know we can support people. Knowing how people get around in non-medical settings helps us understand in a medical setting what might provide support and assistance.

Staci: We know here that mobility is a barrier, but it isn’t always a known issue in every setting.

Heather: What comes next?

Kawai: Sometime this Spring we will have the full report. Contact: Kawai_Kanealii@valleymed.org

Roundtable Updates
Phoebe: KCHA were approved to have another AmeriCorps Vista – actively recruiting! Please help us find someone for this position.

Next Meeting: June 7, 2023, 9:30-11:00 AM, Zoom

Access to Healthcare Committee Contact:

Bebhinn Gilbert
King County Mobility Coalition Program Supervisor
Bgilbert@hopelink.org
425-943-6752

For more information on the KCMC and the Access to Healthcare Committee, contact Bebhinn Gilbert, visit our website linked here, or sign up for our distribution list here.

Americans with Disabilities Act (ADA) Information
Title VI Notice to Public

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color and national origin in programs and activities receiving Federal financial assistance. Hopelink is committed to ensuring that no person is excluded from participation in, or denied the benefits of its transit services on the basis of race, color, or national origin, as protected by Title VI in Federal Transit Administration (FTA) Circular 4702.1.B If you believe you have been subjected to discrimination under Title VI, you may file a complaint with Hopelink’s Title VI Coordinator. For additional information regarding Title VI complaint procedures and/or information regarding our non-discrimination obligations, please contact Hopelink’s Title VI Coordinator at (425) 869-6000 or TitleVI@hopelink.org.