

# Community Collaborative Meeting

March 12, 2025

**Next meeting:**  
April 9, 3:30-5:00 PT

We are working to find balance in the benefits and costs associated with translation. If you would like any part of our materials in another language, please email [Community.Collaborative@doh.wa.gov](mailto:Community.Collaborative@doh.wa.gov) and we will work with you to translate into the language(s) needed.

Estamos trabajando para encontrar un equilibrio entre los beneficios y costos asociados con la traducción. Si desea leer o compartir esto o alguna parte de nuestros materiales con una audiencia en otro idioma, por favor envíe un correo electrónico a [Community.Collaborative@doh.wa.gov](mailto:Community.Collaborative@doh.wa.gov) y trabajaremos con juntos con usted para traducir al idioma o idiomas necesarios.

## Meeting Slides

Access meeting slides on WaPortal here: <https://waportal.org/partners/community-collaborative/meeting-notes-and-slides>

## Meeting Recap

### Opening and Announcements

Keshreeyaji Oswal, an advocate and co-founder of D-AFN workgroup, welcomed Collaborative members into the space and shared the agenda. There were two announcements:

- 1- Tiffany Turner, BOLD Infrastructure Program Coordinator from the Department of Health shared a small grant opportunity aimed at increasing dementia awareness and promoting brain health. Grants range from \$2,500 to \$10,000. Priority populations are Black, Hispanic/Latino/Latina and AI/AN, rural counties, and counties with high rates of dementia. [Applications are due by April 4<sup>th</sup>](#).
- 2- Keshreeyaji highlighted the State Health Improvement Plan and encouraged community participation in the planning process. Community members can access the public feedback [survey](#) and join upcoming meetings:
  - Listening Session #1: East Side in Spokane, WA and virtual on April 2<sup>nd</sup> ([RSVP](#))
  - Listening Session #2: West Side in Tacoma, WA and virtual on April 24<sup>th</sup> ([RSVP](#))



## Thought Partner Update

Next on the agenda, Cyril Walrond and Cara Elzie, representing the Thought Partners workgroup, provided updates to ensure community voices are heard as DOH experiences budget, staffing and leadership changes. They shared details of community involvement in the recruitment and onboarding process of the new Secretary of the Department of Health. [Thought Partners highlighted that they sent this letter to DOH leadership.](#) It was well received by DOH and conversations continue. Other Thought Partners reinforced the need to continue to gain opportunities to express their voices and the significance of community involvement in all issues that impact people's health.

### Actions:

- Cyril requested the following Call to Action: *Please reach out to Franklin.Plaistowe@gov.wa.gov and Jessica.Todorovich@doh.wa.gov and let them know how important community involvement throughout the recruitment, selection, and onboarding process is critical to not just sustaining health equity work through out the state but expanding it. Also, that community-centered health equity must be an agency priority. This is not the time to scale back funding for this work- it is time to expand it. Every dollar invested in community-driven health solutions leads to long-term cost savings for the state, strengthens public health infrastructure, and saves lives. Cutting funding now would not only be a step backward but would also inflict harm on Black, Brown, Indigenous, immigrant, and other disproportionately impacted communities, undoing years of trust-building efforts.*
- Thought Partners organized a follow-up meeting with DOH leadership to discuss the importance of community perspectives (Held March 17, 2025.)
- Thought Partners and DOH staff will continue to identify opportunities to engage Community Collaborative members' input on the Secretary of Health.

## Health Equity Zones Initiative Update

The Health Equity Zones initiative came from Senate Bill 5152, which was then codified into RCW 437595 and ensures powerful and connected communities lead decision making to achieve self-determined health and well-being. The initiative has successfully engaged communities to address health disparities, build community power, and reimagine systems for better equity. Kaeli Flannery, Delaney Steele, and Shaan Shridhar provided updates on HEZ progress, highlighting the impact of community-driven solutions and the importance of ongoing investment. The conversation also touched on program funding, which depends on the state budget.

### Actions:

- Sign up for the [HEZ newsletter](#).
- Community members in South King County [can take the survey](#).

## Disaster Preparedness and Emergency Response

Meeting attendees participated in a Mentimeter survey that asked, “Which social determinants of health put your communities more at risk in a natural disaster or pandemic?” The discussion emphasized the importance of strong community partnerships, upstream interventions, and equitable resource distribution in emergency preparedness. Participants highlighted the need for:

- **Grassroots connections** to ensure communities are reached effectively.
- **Language access** to make emergency resources more inclusive.
- **Sustained funding** for community organizations to support disaster preparedness.



*Image of Mentimeter results*

Nate Weed serves as the Chief of Resiliency and Health Security at the Washington State Department of Health. In that role he leads a team that focuses on building and improving public health and healthcare emergency preparedness, responding to public health threats, and supporting recovery and resilience. He shared his personal experience with Hurricane Katrina and how it shaped his career in disaster response. He emphasized the importance of considering social determinants of health in emergency preparedness and response efforts.

Nate provided an overview of the four phases of disaster management:

- **Mitigation** – Reducing risks before disasters occur.
- **Preparedness** – Ensuring communities have the tools and plans needed for emergencies.
- **Response** – Immediate actions taken during a disaster.
- **Recovery** – Long-term efforts to rebuild and restore affected areas.

He discussed lessons learned from the COVID-19 pandemic and highlighted opportunities for community engagement in disaster planning, exercises, and training. Nate also introduced the idea of forming a new workgroup to increase community feedback in statewide preparedness and response. He provided additional resources on emergency management frameworks and encouraged participants to send any further questions to the Community Collaborative inbox for follow-up with his team.



Engagement was high throughout the presentation. Some comments from the chat

- "70% of the people who did NOT evacuate during Katrina said it was because they had a disability or was taking care of someone with a disability."
- "I believe we also need to engage in community preparedness with training for people to learn how to protect themselves and how to work with responders - not against them."
- "We need to include people with disabilities in all of our planning work and it makes exercises more meaningful to most people."

*Resources:*

Public Health + Healthcare Emergency Preparedness and Response

[Public Health Emergency Preparedness \(PHEP\) Program and Guidance | State and Local Readiness | CDC](#)

[Administration for Strategic Preparedness and Response ASPR Home](#)

[Hospital Preparedness Program \(HPP\)](#)

Washington State Emergency Management Division

[Emergency Management Division | Washington State Military Department, Citizens Serving Citizens with Pride & Tradition](#)

Federal Emergency Management Agency Homeland Security Exercise and Evaluation Program

[Homeland Security Exercise and Evaluation Program | FEMA.gov](#)

Incident Management

[ICS Organizational Structure and Elements](#)

[All-Hazard Incident Management Team Overview](#)

Incident Recovery

[National Disaster Recovery Framework](#)

## Closing

Keshreeyaji reminded participants to reflect on the importance of sustained collaboration and equitable resource distribution.