



## **Group Health Foundation Grant Agreement Lessons Learned from Community Engagement**

### **1. How have you engaged, convened, and maintained relationships with your community/communities?**

HKCC engages and maintains our community and member organization relationships in a number of ways. We convene quarterly coalition meetings; community conversations (such as Seattle's new Sugary Sweetened Beverage Tax); the annual Decision Makers Forum; leadership trainings and monthly work group meetings around Healthy Eating; Tobacco, Marijuana and Other Drugs; Equity, and Built Environment.

The Coalition's staff provides agendas, meeting minutes, and maintains HKCC's web presence and social media platforms (Facebook, Twitter, LinkedIn, and YouTube) to keep HKCC members and friends abreast of meetings and events.

### **2. How have you co-designed or co-created solutions with your community/communities?**

The Equity Work Group works to eliminate health inequities by applying race and social justice principles in all policy, systems, and environmental change. This work group, creator of HKCC's Health Equity Assessment Tool (HEAT) and HEAT Trainings meets monthly to work on current and ongoing projects and policies. HEAT provides a lens through which each HKCC work group better understands who is impacted by our policies and practices. In addition to their ongoing work, this work group convenes an ad-hoc committee to review evaluation comments after each training. The ad-hoc group reviews community and member HEAT evaluations to discuss and makes recommendations for greater clarity on the tool and/or curriculum. Those findings are then vetted and approved at the work group's meeting before revisions are enacted. For example, HEAT evaluations show that mainstream organization participants, who are less likely to have the lived experiences of oppression, have more technical and operational questions for addressing inequities than community members. The ad-hoc group recommended a curriculum modification to divide roll-play exercises into two groups to address the discrepancies of experiences. Those learnings are incorporated into the training to further demonstrate how systemic issues influence the furthering of disparities and how having a mix of shared experiences impacts forwarding equity.

To keep abreast of the tool's successes and the opportunities for refinement, in 2016, the ad-hoc group added a HEAT feedback link on HKCC's Resources webpage.



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The Equity Work Group consists of the following members: OneAmerica, Kaiser Permanente, International Community Health Services, Global to Local, Tilth Alliance, Sea Mar Community Health Centers, Seattle Children's, Lake WA Institute of Technology, Latinos Promoting Good Health, Public Health – Seattle King County, and six independent community members)

### **3. How have you addressed systematic inequities that affect health (such as power differentials or racism) as part of your community engagement work?**

Our Equity Work Group Chair is on staff at Seattle Children's. She brought the tool to senior leadership, program, and front-line staff. The team at Seattle Children's launched and opened a food pantry for patients who screen positive for food insecurity. They wanted to be sure that they rolled out the new service equitably. They used the HEAT tool to help them to think through doing so. They looked at their communications, rollout, and deployment of the pantry. The tool, with input from impacted patients and families, helped guide their service delivery and what they now do each quarter—an "equity walk through". They use and revisit items on the HEAT tool to help them advance their equity lens in the work of Seattle Children's Food Pantry and in the service lines of the food pantry, to continually check for unintended consequences that lead to inequities.

### **4. What about your organization's way of working has made you successful? How has your organizational culture or structure changed to allow for authentic community relationships? Include examples of how your staff and your board (if relevant) contributed to the culture and values that enabled your success.**

HKCC has enjoyed a level of success for deepening health equity policies and conversations amongst our members, decision makers, and community leaders. One way we work to ensure greater success is in taking annual retreats. These provide an opportunity for each work group and our Governance Team to check-in, reset, assessing ourselves and check that we are walking our talk. We fine tune our work annually and evaluate our success as we plan for evolving and unresolved issues. This annual retreat is the birthplace of the Coalition's HEAT – we needed a systematic manner, or an accountability mechanism to ensure equity across all of our workgroups.



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HKCC's Governance Team is a work group consisting of each of the other four-workgroup Chairpersons and two emeritus Coalition members. The Governance Team holds both the historical and contemporary health inequities in mind as we inform communities and decision makers on unintended consequences and ask for more inclusion in decision making. This mix of perspectives ensures that the policy priorities and workgroup projects represent the Coalition's values, commitments, and hopes for mobilizing to achieve health equity.

The Coalition draws upon the expertise of our members to navigate poverty, racism, language, and cultural barriers. Many of our organizations do not have the capacity to apply for large government grants. However, their ability to reach an underrepresented portion of a community is exacting. HKCC may secure funding from large conglomerates like the Center for Disease Control grants and then passes the money along to our partner organization to support their race/ethnic specific healthy choice and lifestyle work.

**5. What have been your most significant challenges, obstacles, and missteps?** We know that we can learn as much from setbacks as we can from successes, so please don't hold back! (If you are concerned about sharing challenges publicly, just let us know and we will omit your response to this question from the version we share publicly.)

Equity is an add-on, a good intention, or a nice idea for most organizations. Equity and justice are not values that are woven into an organization's culture through policies, practices, and procedures. Equity, race, and social justice work is often messy, hard, and uncomfortable and without a commitment to acknowledge these discomforts many organizations stop at collecting and reporting out on the data of disparities. Organizations and decision makers may speak to the determinates of health but they are not committed to delving into the disparities that perpetuate the inequities. Therefore, coalition participants may not have the support needed to attend and contribute to the ongoing work of the coalition.

Public health, funders, scientists, and decision makers often look for the latest movement, research, or hypothesis to build upon their stories of success. Therefore, one of the Coalition's greatest challenges is in securing sustainable funding, given we are working on long-term and systemic challenges. Advocacy trainings of community leaders, community conversations on emerging health challenges and policies, HEAT all help to bolster equitable choices – but they may not produce short-term measurable outcomes for funders.



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### **6. What changes have you seen that give you hope about a future that is more equitable?**

Latin: "**Nihil de nobis, sine nobis**" – Nothing about us without us! More organizations and individuals understand that the eradication of health disparities can't be fully accomplished without the inclusion of people who have the lived experiences (of being left out of designing former health care policies, projects, and programs) are at the table and help institute new policies and practices.

A policy, procedure, and or practice that is meant for all can't be fully actualized unless all help to shape policies and solutions. For many organizations, the process of meaningful health equity work means that the organization is willing to do the hard work and ask themselves the hard questions. "Why don't we reflect our own health equity values in our organization, with our staff, our volunteers, hiring and advancement policies, projects and procedures?" This type of deep questioning helps to tear down walls of unchecked systemic and institutional policies that perpetuate disparities, which lead to inequities.

HKCC's HEAT provides a gentle and clear nudge that helps organizations to consider that internal and organizational equity check-ups are necessary to achieve community and external health equity.