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Nicole June Maher
CEO

Group Health Foundation
810 3rd Ave. #320
Seattle WA 98104

Lessons Learned in Health Equity

About Us

The Public Health Centers for Excellence (Centers for Excellence) is a groundbreaking consultancy and partnership between Tacoma-Pierce County Health Department (TPCHD) and Spokane Regional Health District (SRHD). We provide tools to build quality programs and processes to organizations to improve the health and well-being of their communities. We offer tailored technical assistance and practical, peer-to-peer training in health equity, participatory planning & budgeting, quality improvement, performance management, community health assessment, strategic planning and program evaluation to help organizations foster healthy people in healthy communities. Since we launched in 2010, we have served state, local and tribal health departments, healthcare systems, community-based organizations, funders and government agencies throughout the United States.

Equity drives all the work we do to help others to navigate through a phased culture shift to produce an improved working environment resulting in improved health outcomes. We look forward to working closely with you. Our advice: **Investing in community empowerment must be an essential insurance policy for Group Health Foundation as you support health equity statewide.** Please share [a video of vote day](#) about our nationally significant work in Participatory Planning and Budgeting.

Process, Challenges, Successes and Key Learnings

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

As individual health departments serving different regions of Washington State, Tacoma-Pierce County Health Department and Spokane Regional Health District each build on deep existing infrastructure, such as programs that work in communities. For TPCHD, there is physical infrastructure we manage, such as our Family Support Centers around Pierce County. We also manage offices in rural communities such as Key Peninsula or have satellite locations for program delivery and coordination in schools, food banks, and clinics. Often, our staffs and leaders live in geographies facing high health disparities. Many represent populations that are historically marginalized, and which face structural discrimination.

Our approach is, whenever possible, to go to the communities rather than expect them to come to us. We also strive not to speak on behalf of communities, but to empower them to understand and advocate for their own needs. We follow the IAP2 Public Participation Spectrum (below) and, when possible, put final decision making directly in the hands of communities experiencing health disparities.

IAP2'S PUBLIC PARTICIPATION SPECTRUM



The IAP2 Federation has developed the Spectrum to help groups define the public's role in any public participation process. The IAP2 Spectrum is quickly becoming an international standard.

		INCREASING IMPACT ON THE DECISION 				
		INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION GOAL		To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
	PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision. We will seek your feedback on drafts and proposals.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will work together with you to formulate solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

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The Centers for Excellence serves communities outside Pierce and Spokane Counties in deep partnership with local agencies and funders. Being present for the long haul is essential to building trust in marginalized communities. As a result, the Centers are facilitators, trainers, and conveners but are often invisible to individual community members. We deepen the relationship between the local communities and their funders or service providers in their areas so that the outcomes—often improved social cohesion and civic engagement-- remain once our project scope is completed.

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

Many of the communities most affected by health inequalities have experienced sustained and multi-generational discrimination and dis-empowerment. To change that expectation and relationship, we must use processes that visibly, transparently and actively place enough power and decision making in the hands of those communities to regain their trust and willingness to participate in health improvement strategies.

We are national leaders in Participatory Planning and Budgeting (PPB), a democratic process in which community members directly decide part of a public budget. TPCHD is currently conducting numerous PPB processes in partnership with parks, schools, local governments, funders, universities, and community-based organizations. Each process has been as different as the communities they serve. These are the first direct applications of PPB into public health practice in the United States, launched by a leadership gift from the Public Health National Center for Innovations (PHNCI). PHNCI is a collective of national health funders and is housed in the Public Health Accreditation Board. We were the only project selected for funding on the West Coast. TPCHD is also helping create the evidence base for this promising practice and is fundraising for a research partnership with University of Washington Tacoma. The Centers for Excellence is disseminating the practice widely outside Pierce County.

PPB only exists via cross-sector partnerships led directly by community members. With our financial support and facilitation, they design the planning process, lead the planning, help solicit proposals for interventions, vet them, design voting processes, conduct and count votes, announce results, implements PPB projects/interventions, review results, and report back to their communities.

In addition to PPB, the Health Departments co-designs and co-creates solutions with communities through a variety of traditional models and culturally grounded practices. Traditional models include:

- **Cross-sector coalitions** (including collective impact), often devoted to either a specific geographic or programmatic area. For example, we co-founded and actively participate in cross-sector groups like the East Tacoma Collaborative and Pierce County Perinatal Collaborative.
- **Issue-focused or industry-specific coalitions**-- In schools, for example, we convene regional district administrators interested in health and school-based oral health providers.

- **Grassroots networks** (e.g., Black Collective, Northwest Detention Center resistance, neighborhood councils, etc.) to learn and connect communities to quality resources.
- **Family Support Centers** provide comprehensive services embedded in the communities.
- **Home visits**-- Community health workers and nurses provide home visits to improve health outcomes in subject areas ranging from home weatherization to maternal child health.
- **Inspections**-- Health Department staff inspect restaurants and homes and schools for food safety and healthy septic systems and safe pools, to name a few.
- **Community events** demonstrate our commitment and promote programs and services.

Culturally grounded practices-- Often, traditional community-building models come from white, western traditions being applied to or adapted for communities of color. We define culturally-grounded practices as those which arise authentically from historic traditions of the communities served. For example, People's Movement Assemblies (PMAs) integrate storytelling, talking sticks, music, shrines, meals and other ways to connect people in their communities. PMAs are a core strategy in TPCHD's #253 Making Connections Initiative, which is a primary prevention strategy for boys and young men of color and LGBTQ people of color in Pierce County.

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

We use direct democracy to challenge corrupt systems. PPB disrupts the fundamental and pervasive structural power imbalance that public health agencies, funders, elected officials, community-based organizations, health systems and others continually make decisions for communities facing high health disparities. People know their own needs best. No amount of training or engagement will ever be more useful than the lived experiences of these communities. When the people directly affected by health disparities are empowered to identify and address their most pressing problems, the chances for long term success improve because these solutions have community ownership. We hire and train people who share our values and have the project management and soft skills required for this complex work.

4. What about your organization's way of working has made you successful?

- **Community-driven decision making**-- Community members identify health challenges before they become apparent to public health systems or funders. For example, in Pierce County, the community told us repeatedly about the opioid crisis before it was on the radar of the CDC. PPB gives community members the authority and resources to respond rapidly and directly, reduce the scale and duration of problems, and improve individual and community resilience by participating.
- **Communities of Focus**--There will never be enough money to meet the entire health needs in the communities we serve. To make the most efficient use of resources, TPCHD's staff and Board of Health prioritizes by selecting Communities of Focus based on health disparity assessments and

readiness, which we define as the agency's capacity to impact change based on existing programs, relationships and infrastructure. East Tacoma, Springbrook, and Key Peninsula were selected as the first three Communities of Focus and projects there are well underway. TPCHD recently added three more Communities of Focus: Parkland/Spanaway, South Tacoma, and White River communities. In each of these, our boards (comprised largely of elected officials) and staff work with large networks of community members, service providers and funders to develop authentic relationships.

- **Empowerment**—Most funders or service providers identify geographies or populations, align programs, and then focus cross-sector partnerships and increase investments before measuring and reporting results and starting the process over. This has resulted in short term gains, but little long-term progress on health outcomes. The difference in our approach is to empower communities, which ensures that the community is getting its highest priority needs met and that their self-identified solutions are more sustainable. Community empowerment is an essential insurance policy for Group Health Foundation as you invest in health equity statewide.

5. What have been your most significant challenges, obstacles, and missteps?

- **Challenges**-- Empowering communities is expensive and intensive and must be sustained. Changing internal culture in our agencies is also expensive and intensive and must be sustained. We are profoundly stretched to do both things well. Our staff leading community empowerment need more time devoted internally for evaluation planning, project management and follow-up communications.
- **Obstacles**—Giving up power and control is hard, even when leadership is fully on board. This often shows up as restrictions on budget authority, legal concerns about doing things differently and financial and HR processes. Dismantling systems of oppression that took hundreds of years to create will not happen quickly or easily.
- **Missteps**—We have learned by doing, especially in PPB. In our first project, we did not sufficiently empower the community members or bring executive leadership along far enough within our project partners. The result was that the agency changed the project from the one selected by the community, and the community members could not hold the agency accountable to deliver on its promises.

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

Pierce County TV created a video about our PPB process and project in Lincoln High School in East Tacoma, which faces some of the highest health disparities in Pierce County. Please watch [a video of vote day](#) for quotes from the kids involved and for Pierce County Auditor Julie Anderson's optimism about PPB as a long-term civic engagement strategy.

Contact: Benjii Bryan Bittle, Director of Strategic Initiatives and Relationships, bbittle@tpchd.org

Participatory Planning and Budgeting

Participatory Budgeting puts community members in charge of spending funds.



Community members think of ideas to improve their community.



Community members develop the ideas into project proposals.



Community members vote to decide which project to fund.



The project begins! The project is more likely to succeed because it reflects the community's priorities.



Other benefits of using a participatory budgeting process:

Social connections. Civic engagement. Neighborhood organizing. Community involvement.

These all lead to healthier communities.