

Lessons Learned from Community Engagement Group Health Foundation

Presented by:

Skagit County Population Health Trust Advisory Committee

David Jefferson, Community Health Analyst

Kristen Ekstran, Community Health Planner

Diane Smith, Washington State University Regional Food and
Nutritional Specialist

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We know there is a vital need for a coordinated and equitable approach to health in collaboration with the people in our community. The Population Health Trust is a board of community leaders with a shared commitment to improve the quality of life for all. We are on a journey to engage and create paths for community members to experience health and to root out inequities. Our work centers on our engagement with the community-at-large to continually assess the health of the members and develop plans to further collaborate.

The Skagit Population Health Trust (PHT or Trust) emerged following a number of interrelated and timely events. Two precursor organizations—Skagit County Alliance for Healthcare Access (SCAHA) and One Community, One Voice (OCOV)—set the stage for engaging multiple service sectors and citizens to work together to promote the health and quality of life for County residents. At the same time, the Affordable Care Act was impacting the financing and availability of health care. Skagit County embraced the newly established regional Accountable Communities for Health initiative, an innovative approach to harnessing the collective efforts of health care stakeholders, as a means to promote and fund population health improvement and health equity. With a corresponding shift in the role of public health from providers of clinical care to promoting health through assessment, policy development, and community partnerships, events created the “perfect storm” for establishing the Population Health Trust.

In February 2015, the Skagit County Board of Health authorized the formation of the Population Health Trust Advisory Committee. From this time, community leaders appointed to the PHT advised on issues that can improve the health and wellness of all. The PHT developed an agreed upon vision, mission, objectives, and strategies and continues to revisit them often to reinforce this shared purpose. The PHT mission: ***Working Together to Improve the Health for All*** is reflected in the approaches followed: (1) encouraging health and wellness within the community; (2) working together across sectors on projects designed to improve well-being; and (3) strengthening integration of health services and other systems such as Public Health, education, and social service agencies. At the core of our work is our commitment to collective impact and the emphasis on shared decision making.

1. Develop strategies to engage, convene, and maintain relationships with the community.

The PHT has had the advantage of significant community capital resulting from the foundational work of the precursor organizations. These organizations used the community capitals framework and established three significant contributions—human, social, and political capital—which then carried over to the PHT. The political capital that resulted from connections to people in power gave legitimacy to the newly-formed PHT with a focus on both clinical care and the social determinants of health.

The Population Health Trust strategy for engagement relies on the Robert Wood Johnson Foundation Culture of Health Action Framework which calls out four action areas: 1) making health a shared value; 2) fostering cross-sector collaboration to improve well-being; 3)

creating healthier, more equitable communities; and 4) strengthening integration of health services. The Trust created process and outcomes measures in select categories and developed activities to support those measures. The group convenes monthly to converse, share and debate progress and methods for achieving goals. The primary method being the delegation of strategic planning to broadly representative workgroups with community leaders who have specific skills, knowledge and expertise around the issue area. For example, we formed the Opioid Workgroup Leadership Team composed of a new set of stakeholders to develop our opioid plan.

Effective and continuous communication strategies have been employed by PHT members to keep their colleagues and the community informed of the PHT's work and progress. At the outset, the PHT established a communication system using electronic mail (email), web page, and Facebook. All our meeting notes are posted on the PHT web page, part of the Skagit County Health Department website, for easy access.

Our next phase of creating and maintaining relationships will be focused on identifying formal and informal leaders within communities experiencing health disparities in order to determine the communication methods and strategies that are most effective in this new level of engagements. We intend to expand beyond key leader investment in the work of the PHT to broader based collaborations to ensure we are engaging with communities that can inform us about health inequities.

2. Co-design and co-create solutions with the community/communities.

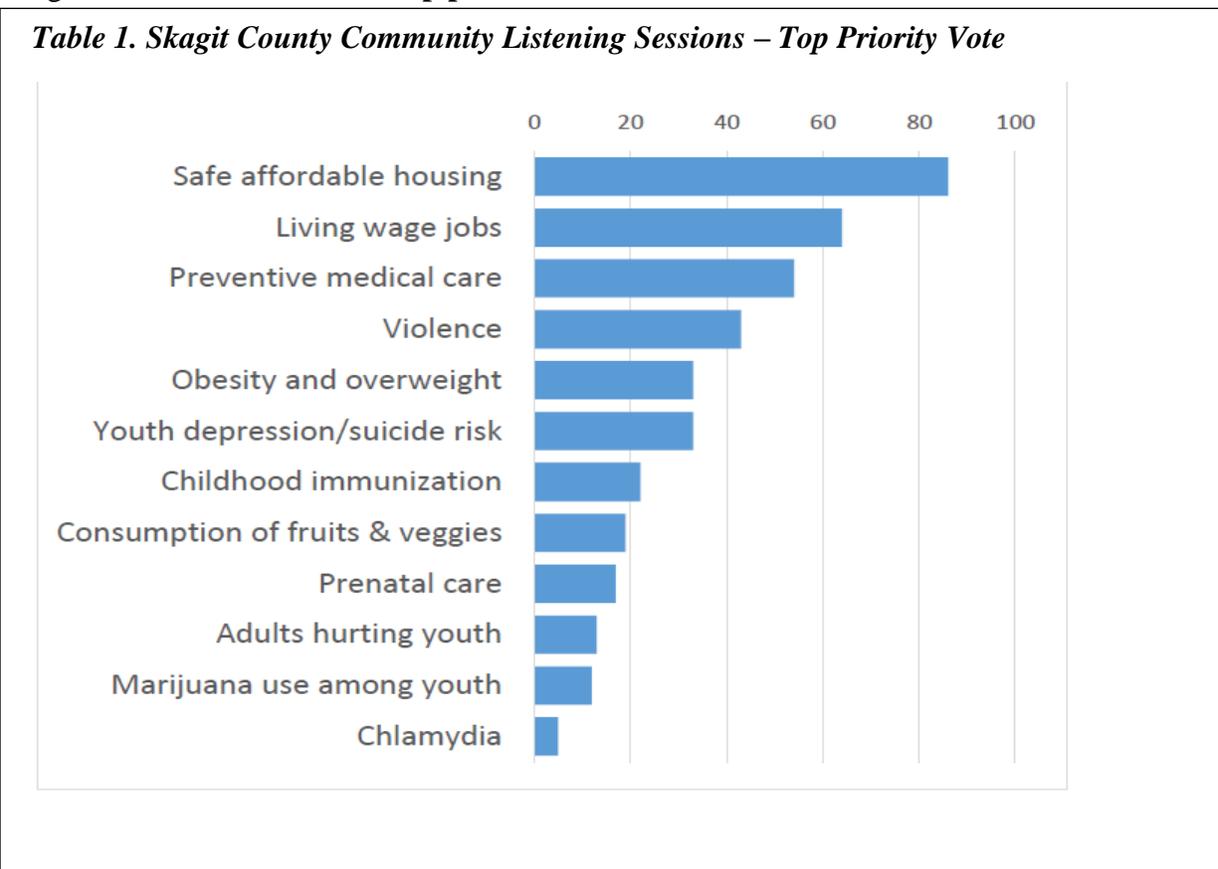
The initial task of developing a community needs assessment engaged the community in identifying what was working and recognizing gaps in health services and programs. *In addition to a thorough data assessment, the PHT developed a Quality of Life Survey* to assess a wide range of community opinions about gaps in services and programs.

The Trust then conducted five "community listening" forums in different locations in Skagit County. During these community forums, PHT members presented a report summarizing the results of the Quality of Life Survey and the data assessment. This summary report was available in English and Spanish, and online. Trust members promoted the forums by reaching out to their constituents, spotlighting in radio announcements, and posting to web sites. The Skagit County Child and Family Consortium participated in the pilot forum and provided feedback on the results and the content of the forum presentations. In three weeks, nearly 200 people participated in five forums held in Anacortes, Sedro Woolley, Concrete, and Mount Vernon.

During the forums, facilitators invited participants to provide feedback using large and small group discussions, and opportunities for written comments. The forum solicited community feedback on the following items:

- Did they believe the assessment was thorough and representative?
- Did it include their perspectives on the health priorities?
- Did it consider additional data or did we miss a focus area?
- Do we have their endorsement to move forward from assessment to planning phases?
- How would they rank their top community health priorities?

The community participants nearly unanimously endorsed going forward to the planning stage. **Table 1 illustrates the top priorities.**



Throughout the assessment process, the Trust worked hard to collaborate with the Latino and Tribal communities through our members on the Trust. Community events had interpretation, translation and childcare for families who needed those services to enable participation. Ensuring a diversity of voices and opinions was critical to the process.

3. Address systematic inequities that affect health (such as power differentials or racism) as part of community engagement work.

To start addressing inequities that affect health, PHT membership has included a diversity of voices from education, agriculture, Hispanic and Native American communities, hospital, pharmacy and clinical care providers, and sectors within public health (environmental health, behavior health, etc.). We maintain sector representation as members finish terms and new members join the PHT as a way to ensure the broadest reach into the community.

PHT members continue to echo the importance of this inclusive and diverse membership as shown in a recent survey. One member noted that the PHT members “continue to question themselves on inclusivity of appropriate partners in moving our mission forward.” Another stated that the PHT “works to maintain a committee that is diverse and representative of the community.”

The Trust has tackled key issue areas such as the opioid crisis and maternal and child health through a First 1,000 Days initiative and we purposely engaged communities most affected by systematic inequities. With the opioid work, we gathered groups of individuals affected by Opioid Use Disorder to advise us on priority goals and strategies that would improve their lives. We had family representatives on the Opioid Workgroup Leadership Team who shared their system challenges, needs, and perspectives which resulted in a plan that gave voice to those who typically feel powerless within the system. The maternal and child health group addressed inequity in health care and service delivery by developing equity strategies throughout the plan as well as creating a specific equity goal. The workgroup learned about prenatal healthcare initiation and use through the lens of indigenous women residing in Skagit County and hosted a focus group with Spanish-speaking women. Their voices informed our plan and led to a strategy to learn about populations experiencing disparities and understand their unique strengths, needs and lived experiences. This work will be ongoing over the next year and will need a deep dive in order to meet our second and third equity strategies which are to:

- Concentrate efforts and resources on populations experiencing disparities
- Engage community members with lived experience to co-create the development of policy, practice and programs.

4. Leverage change in organizational culture and structure to allow for authentic community relationships and the success of the PHT.

One of the early significant moves by the County was the decision to hire a Community Health Analyst to provide leadership and guide a highly structured process which included a community health assessment and planning activities. A skilled convener, along with sufficient funds to empower the backbone organization allows for successful collaborations. Hired mid-year 2014, one of the analyst’s primary roles was to support the development of the PHT’s organization and agenda, a role that has been critical to the successful evolution of the PHT. The analyst also evaluated models for building community health collaborations and

frameworks for assessing population health. Two models aligned best with the vision for the PHT and informed its work: *Take Action Cycle* (Robert Wood Johnson, 2013) and the National Association for County and City Health Organizations (NACCHO) model for *Mobilizing for Action through Planning and Partnerships* (MAPP).

To enable successful collaboration based on shared understanding and respect, the PHT membership established a variety of agreements, including consistent reference to the meeting norms described in Table 2. The PHT members also created a charter, or operating principles, that included topics such as operating values, planning process principles, and member roles, expectations and responsibilities.

Additionally, the PHT acknowledges that the sense of "ownership" of both the way the group works and the products of its work as hallmarks of successful collaborations. Considerable effort was put into promoting meaningful involvement in a variety of ways, including meeting discussions, consensus building, voting, and subgroup and committee work.

Time at monthly meetings was spent to craft an "elevator speech" with contributions by all members. This process provided additional clarity about the PHT purpose, reinforced commitment, and allowed for a robust conversation that highlighted differing perspectives from the various sectors represented by PHT members. The final verbiage was agreed to by all the PHT members as a way to describe the purpose and work of the PHT to community members.

Further, Trust members all prepared "Forces of Change" (FOC) presentations in which they shared current activities, challenges and opportunities within their sector. This activity brought a depth and perspectives that increased understanding and knowledge of differing sectors, build trust between partners and strengthened our collaboration.

Table 2: Population Health Trust Meeting Norms

Start and end on time
Listen to learn
Use language understandable to all
Please focus on main topic
Participate
Show respect
Decisions based on consensus
Disagreements are welcome as a means to move us forward
Be courteous to others in your use of electronic devices

5. Learn from significant challenges, obstacles, and missteps.

We learned as much from setbacks as we have from successes. Lessons learned from the early development and evolution of the PHT include:

(1) **Patience with the Process.** Building the structures and conditions for collaboration takes time and is critical for setting the foundation of collective impact. Further, the process is not linear. With 34 community members representing 26 services sectors—all of whom have the ability to influence community health and represent different areas—flexibility and adaptability must be a core value of the collaborative process. It takes time to build strong relationships and trust, and there are bound to be challenges along this journey.

(2) **Backbone Organization and Skilled Convener.** As noted above, the presence of Skagit County Public Health as the backbone organization and a Community Health Analyst serving as a convener have been essential to the forward movement of the PHT. This is consistent with the literature on collaborative efforts (Kania & Kramer, 2011).

(3) **Communication** has been a priority for the Trust and for the convener. Communications must ensure that all members have access to important information (agendas, meeting notes and presentations, reports, etc.) and, equally important, identify and acknowledge differing perceptions among members. The convener was skilled at and focused on promoting understanding of differences in perception based on relationship to the issue and to advancing resolutions to conflict. Listening to all constituents and being flexible in the implementation of solutions was critical to meaningful planning and implementation.

One example of the need for clear and skilled communication arose when the Trust made the decision to act first on the opioid crisis rather than one of the top priorities identified in the Quality of Life Survey and data carousel. As the PHT conducted listening forums in the community, it became clear that the highest priority for the community was not one which was identified in the initial assessment process. The group had to work through this reality and come to an agreement that the community's voice was going to drive their work forward.

(4) **Inclusivity.** The range of community sectors currently participating in the PHT is considerable. Despite significant efforts, however, the PHT still faces challenges with engaging some sectors of the community in order to broaden representation and, potentially, the discussions about health equity.

6. Highlight changes observed/seen that give hope about a future that is more equitable.

The conversation at PHT meetings and within the health community at large, more frequently includes the “lens of social justice and health equity.” Membership representation on the PHT includes more underrepresented populations and the vetting process for new members is sensitive to the skills, attitudes, and viewpoints of the individuals, the desire to establish an inclusive membership, and the culture and capacity of the organizations which forms the PHT. A Health Equity ad hoc subcommittee has formed in partnership with the Children's Council to explore best practice to assure equality and equity in community health impacting all sectors of the population.