Welcome!

We are so glad you are here!

We will get started shortly.
In the meantime, we invite you to intentionally enter this space.

Silence your cell phone

Close the door

Close browser windows

Check your audio and video

Stretch

Take a few deep breaths

Emotionally release your to-do list

Take a bio break

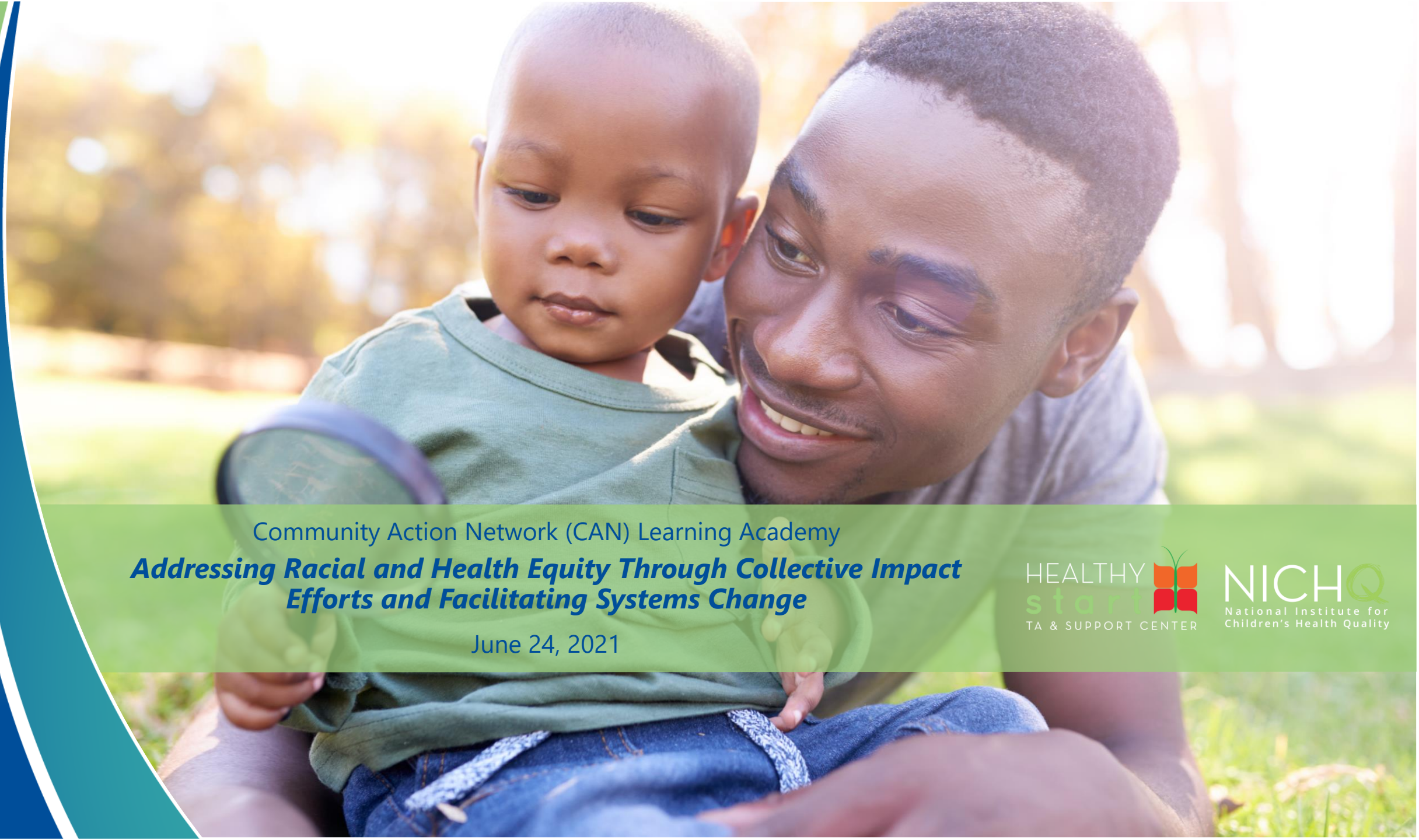
CAN Learning Academy — Session 2

Addressing Racial and Health Equity Through Collective Impact Efforts and Facilitating Systems Change

Thursday, June 24, 2021 || 2:00pm to 4:00pm ET

HEALTHY start TA & SUPPORT CENTER

NICHQ National Institute for Children's Health Quality



Community Action Network (CAN) Learning Academy

Addressing Racial and Health Equity Through Collective Impact Efforts and Facilitating Systems Change

June 24, 2021

HEALTHY start TA & SUPPORT CENTER

NICHQ National Institute for Children's Health Quality

Agenda

Housekeeping	Lisa Hong, NICHQ
Introduction to CAN LA Session #2	Olivia Giordano, NICHQ
Welcome Back & Homework Review	Angela Ellison, MSEd
Importance of Community Engagement	Kenn Harris, NICHQ
Wrap-up & Next Steps	Angela Ellison, MSEd

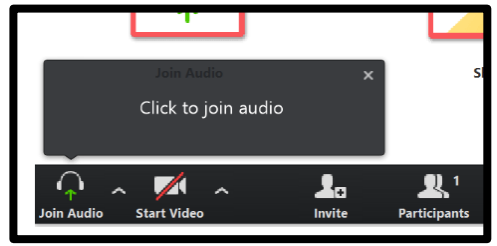
3

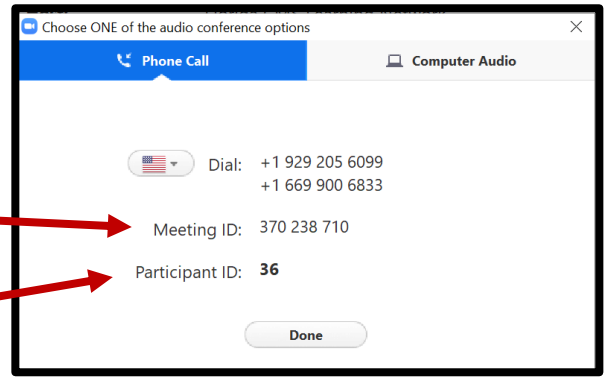
Meeting Logistics

- This session is being recorded.
- All participants are muted upon entry. We ask that you remain muted to limit background noise.
- Members are encouraged to participate in the discussion by typing your comments or asking questions using the chat box.

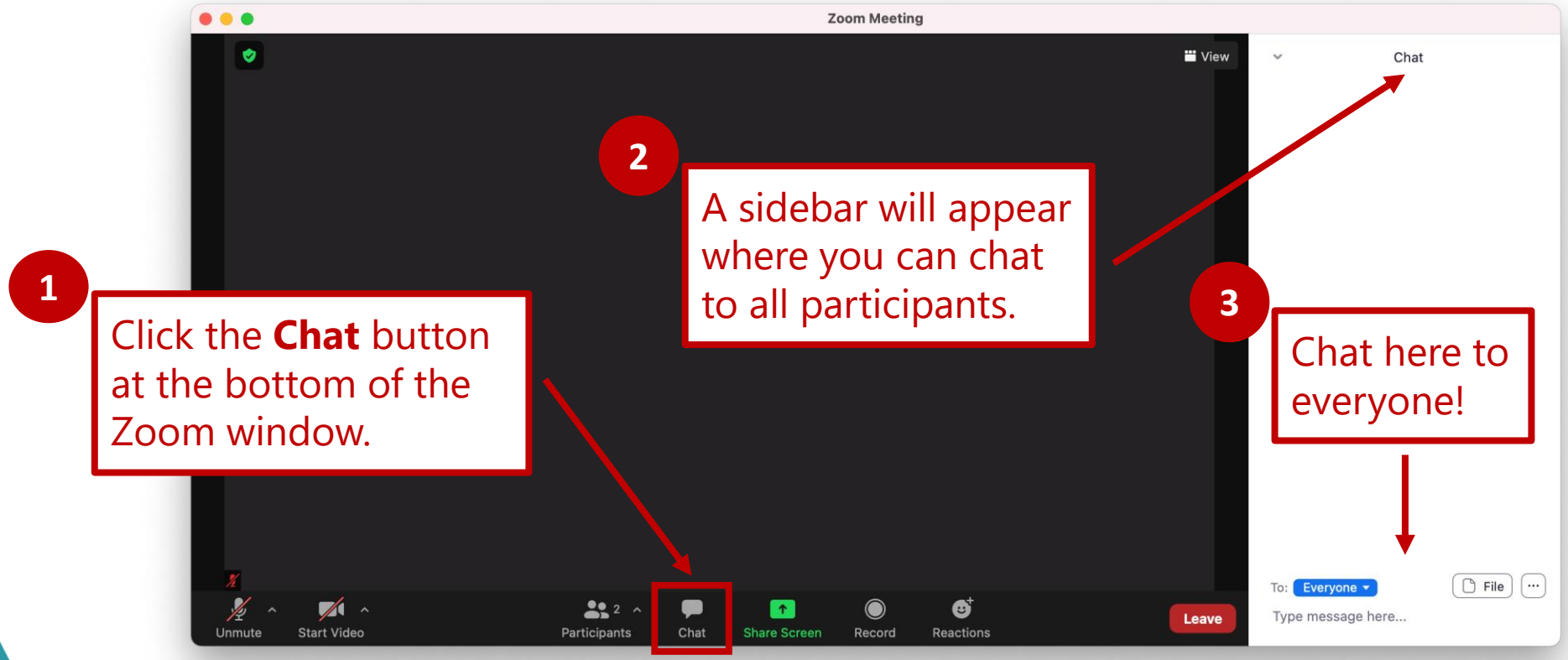
Connecting to the Audio Conference

- Join the Zoom Meeting by **clicking the Zoom Meeting link** & launching the Zoom application
- An audio conference box will appear
  - If you do not see the box, click '**Join Audio**'
- From the audio conference box, select '**Phone Call**' or '**Computer Audio**'
  - If using the phone:
    - Dial one of the given numbers next to "**Dial**"
    - You will be prompted to enter the **Meeting ID**
    - Then you will be prompted to enter the **Participant ID**





How to Chat


1
Click the **Chat** button at the bottom of the Zoom window.
2
A sidebar will appear where you can chat to all participants.
3
Chat here to everyone!
Zoom Meeting
View
Chat
Unmute
Start Video
Participants
Chat
Share Screen
Record
Reactions
Leave
To: Everyone
File
Type message here...

Introduction to the Healthy Start CAN Learning Academy Session #2

Olivia Giordano
Healthy Start TA & Support Center

Welcome back to the Healthy Start CAN Learning Academy!

CAN Learning Academy

Goal:

Empower grantees to elevate their CAN to address maternal and child health disparities and other disparities by implementing CAN activities that are developed using a racial equity lens.

HEALTHY start
TA & SUPPORT CENTER

CAN Learning Academy Schedule

Session #1	May 27, 2-4 p.m. ET
Session #2	June 24, 2-4 p.m. ET
Session #3	July 22, 2-4 p.m. ET
Session #4	August 26, 2-4 p.m. ET
Session #5	September 23, 2-4 p.m. ET
Session #6	October 28, 2-4 p.m. ET

HEALTHY start
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Poll

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Pre-Test

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Angela Ellison, MSEd
CAN Learning Academy Dean

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Welcome Back!

Angela Ellison, MSEd

NICHQ National Institute for Children's Health Quality

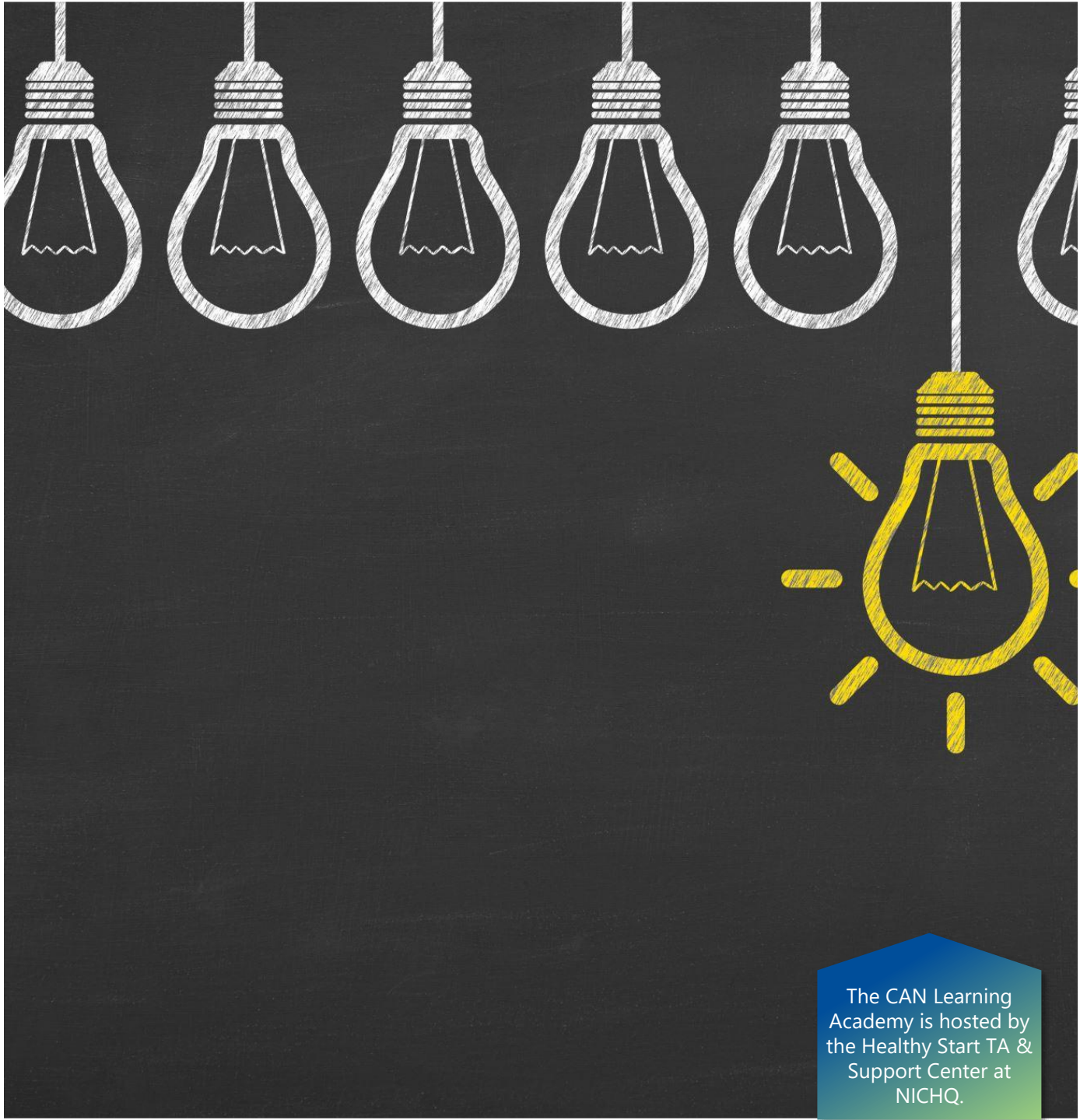
A Quick Refresher Why Are We Here & Where Are We Going?

Are your bags packed?

The CAN Learning Academy is hosted by the Healthy Start TA & Support Center at NICHQ.

CAN Learning Academy Session Themes

1. Making the Journey: Assessing Readiness
2. Making New Friends & Identifying Champions: Community Engagement /Partnership
3. DATA: Understanding it and Using it to Addressing Health Inequity in Order to Advance Equity!
4. On the Journey Now: Strategic Planning Part 1
5. Seeing the Light at the End of the Tunnel: Strategic Planning Part 2 and Moving to Implementation
6. Summary/Review and Project Presentations



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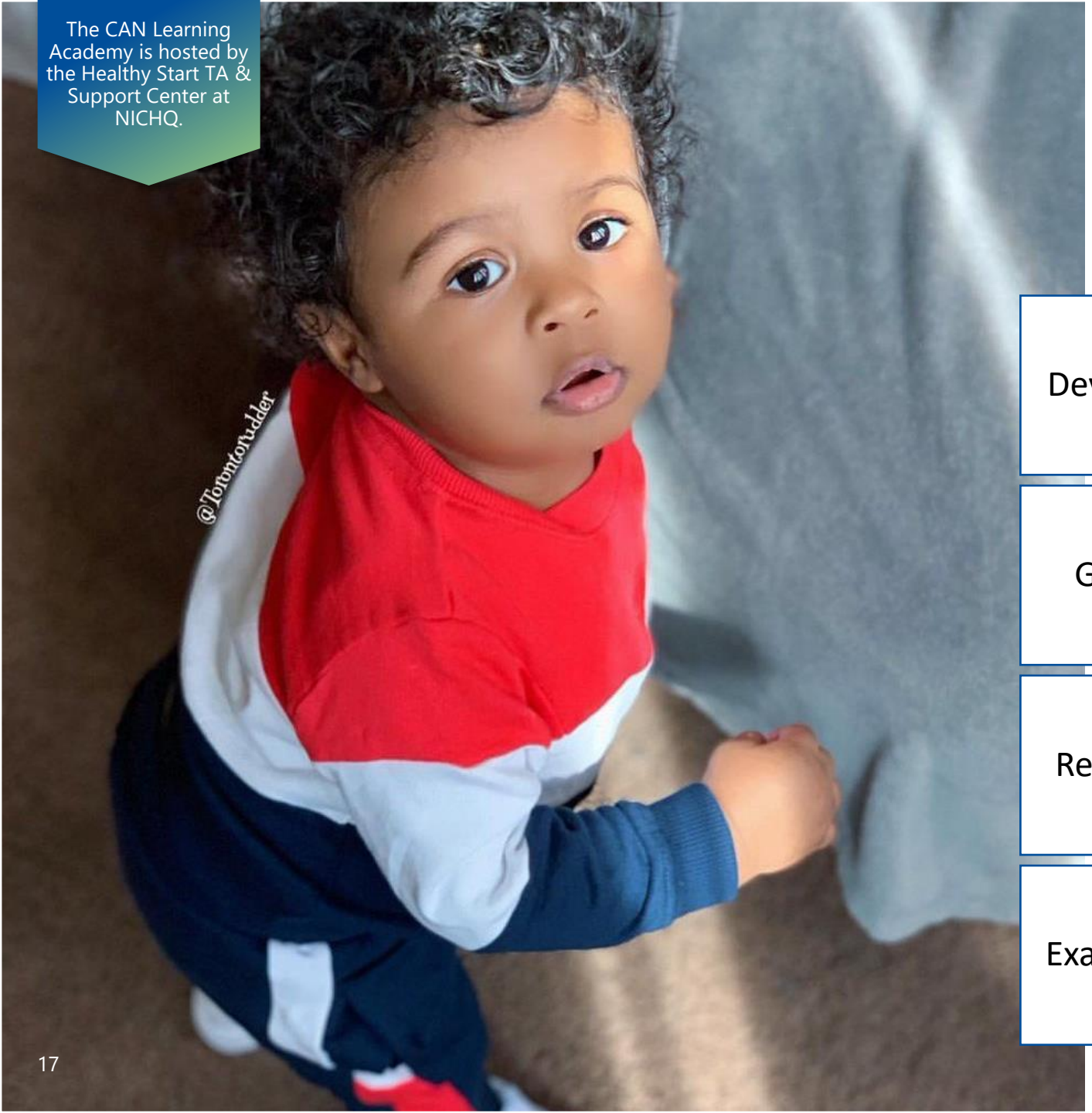

Today's Objectives

Your CAN *Can* Change the World

Develop	Develop an understanding of the principles of the collective impact framework
Gain	Gain a deeper understanding of health equity and racial equity
Review	Continue to review the key elements for community engagement to identify strategies needed to address health equity in their CAN
Examine	Continue to examine the current capacity of their CAN as a vehicle to affect system change in their community/state

17

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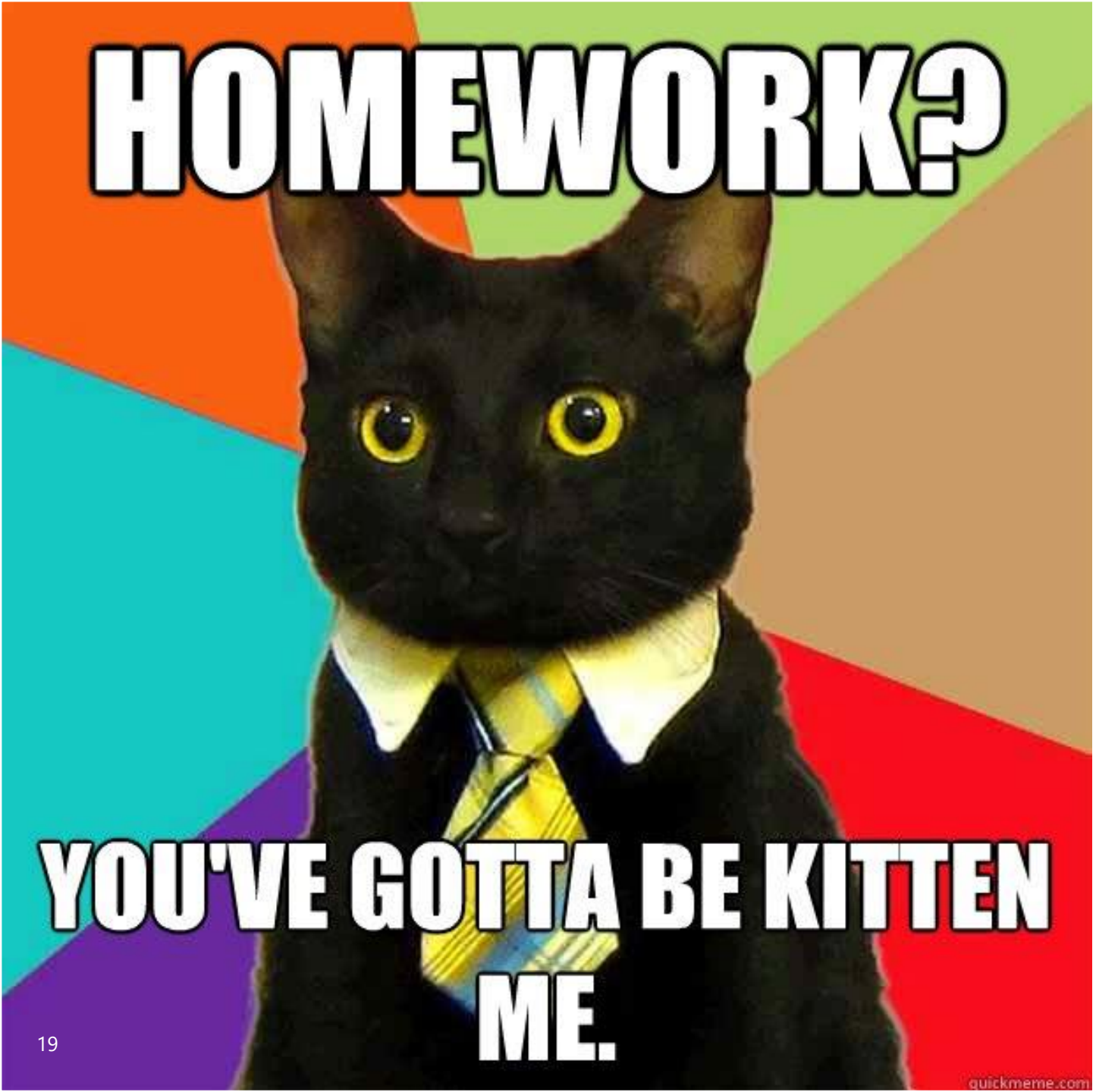
What, No Ice Breaker?

Sorry, we have to get down to business……



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Let's Talk About the Homework

1. What part of the readings were most relevant to your CAN's current or future work?
2. How will you use what you have read to elevate your CAN's focus?
3. What information do you need to move to the next step in the process?
4. How does racism connect to health equity?
5. How ready is your CAN to move to the next step? What are your key challenges? What are your key advantages?

Small Group Activity

CAN Success & Challenges Using a Health Equity Lens

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Instructions

We are asking you to walk the walk, as you will need to do when you get back to work later today or tomorrow……

1) Please select a Facilitator and a Recorder (the recorder will report out when we reconvene)
2) Introduce yourselves, your position, and the HS project and state you represent
3) Each project will have 10 minutes to present their responses to these questions:
    a) What are 3 to 5 strengths that your project can use to facilitate systems change through your CAN?
    b) What are 3 to 5 challenges within your project/organization/CAN that may hinder systems change within your community/state?
    c) Select one of these challenge and strategize 2 solutions to address the challenge (this is what will be reported out).

Report Out

Importance of Community Engagement

Kenn Harris
Healthy Start TA & Support Center

Addressing Racial & Health Equity though Collective Impact Efforts and Facilitating System Change

The Importance of Community Engagement

NICHQ | Kenn Harris, Senior Project Director, National Institute for Children's Health Quality (NICHQ)

Thursday, June 24th 2021
CAN Learning Academy

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Healthy Start CAN***WORKS***

Community Engagement***WORKS***

Consumer Involvement***WORKS***

Partnership***WORKS***

Leadership***WORKS***

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Achieving Large-Scale Change through Collective Impact Involves Five Key Elements

Common Agenda	• **Common understanding** of the problem • **Shared vision** for change
Shared Measurement	• **Collecting data** and **measuring results** • Focus on **performance management** • **Shared accountability**
Mutually Reinforcing Activities	• **Differentiated approaches** • Willingness to **adapt individual activities** • **Coordination** through joint plan of action
Continuous Communication	• **Consistent** and **open communication** • Focus on **building trust**
Backbone Support	• Separate organization(s) with **staff** • Resources and skills to **convene** and **coordinate** participating organizations

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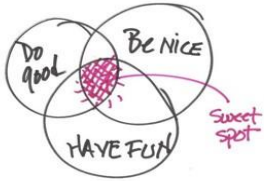
Common Agenda

- Improve Perinatal outcomes
- Reduce racial and ethnic disparities
- Use community-based approaches to service delivery
- Facilitate access to comprehensive health and social services for women, infants and their families

Shared Measurement

- Achieve Healthy Start Benchmarks
- Measurement Process and Approach

Mutually Reinforcing Activities

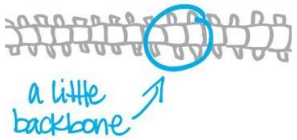


- Improve Women's Health
- Promote Quality Services
- Strengthen Family Resilience
- Achieve Collective Impact
- Increase Accountability

Continuous Communication

- Audiences
- Media

Backbone Organization



- Coordination
- Facilitation
- Administrative Support

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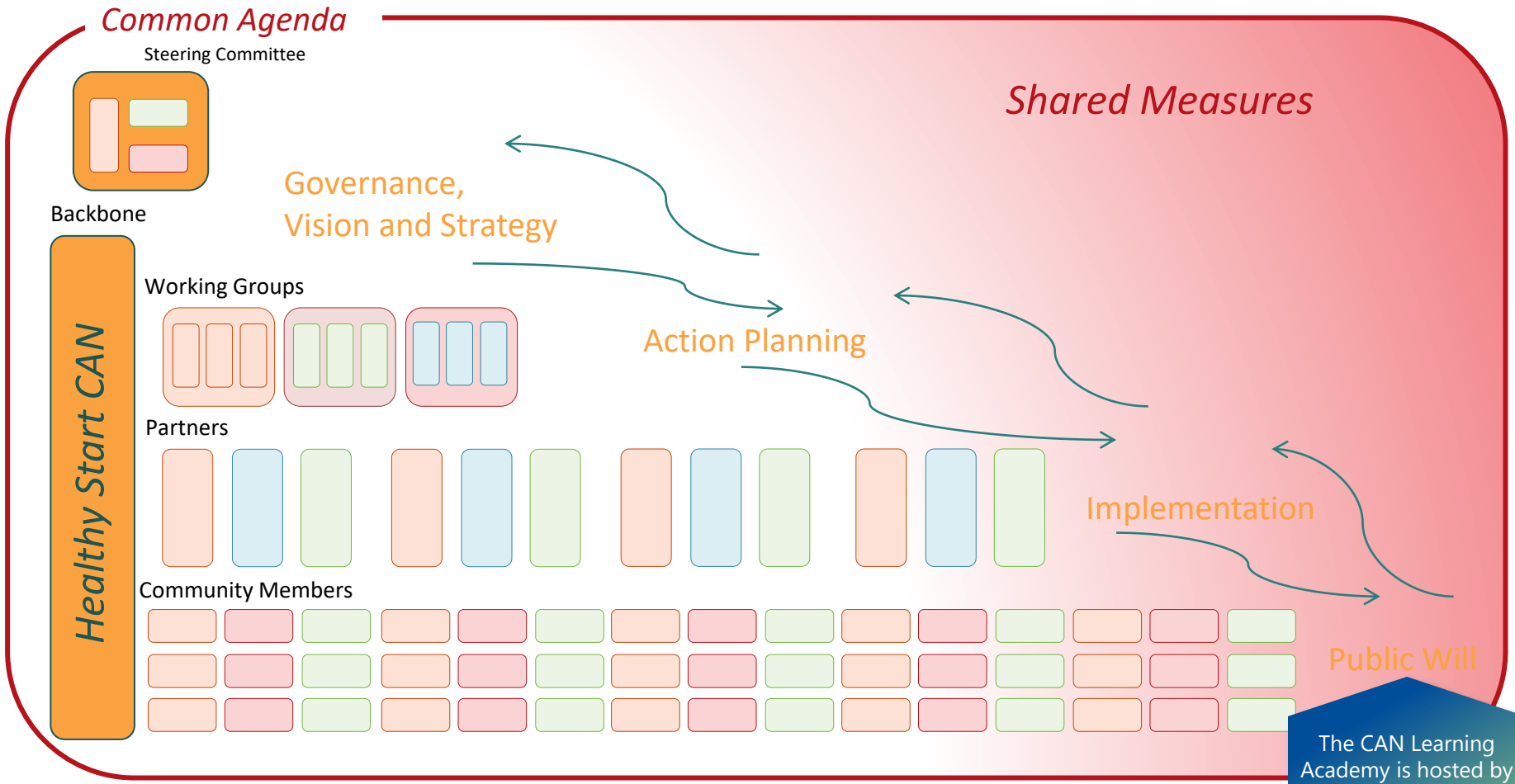
Collective Impact is best structured with cascading levels of collaboration



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1 Common Agenda

- **Vision:** Improve women's health and birth outcomes and family stability
- **Key Levers for Change:** (1) service system coordination; (2) an efficient continuum of care; (3) accountability; (4) shared data and solutions-driven decisions

2 Shared Measurement

- The strategic planning process laid out **key system-wide outcomes and impact** to be tracked across agencies and organizations and specific performance measures for each strategy
- **Aggregate, system-wide data and system outcomes** will be made public on a regular basis

3 Mutually Reinforcing Activities

- **Develop strategies and action steps** for systems coordination, an effective continuum of options, accountability and shared data and solutions-driven decisions
- Development of strategies and measures based on input from cross-system stakeholders, consumers, and residents that facilitate systems navigation and prevent structural barriers

5 Backbone Support Organization

- The Steering Committee transitioned into **the Collective Advisory Group (CAG)**, housed under the New Haven Healthy Start
- Multiple **sub-committees, workgroups** and existing committees will be leveraged to implement various components of the strategic plan

4 Continuous Communication

- **Communication protocols in place** and regular updates between Steering Committee and Workgroup members

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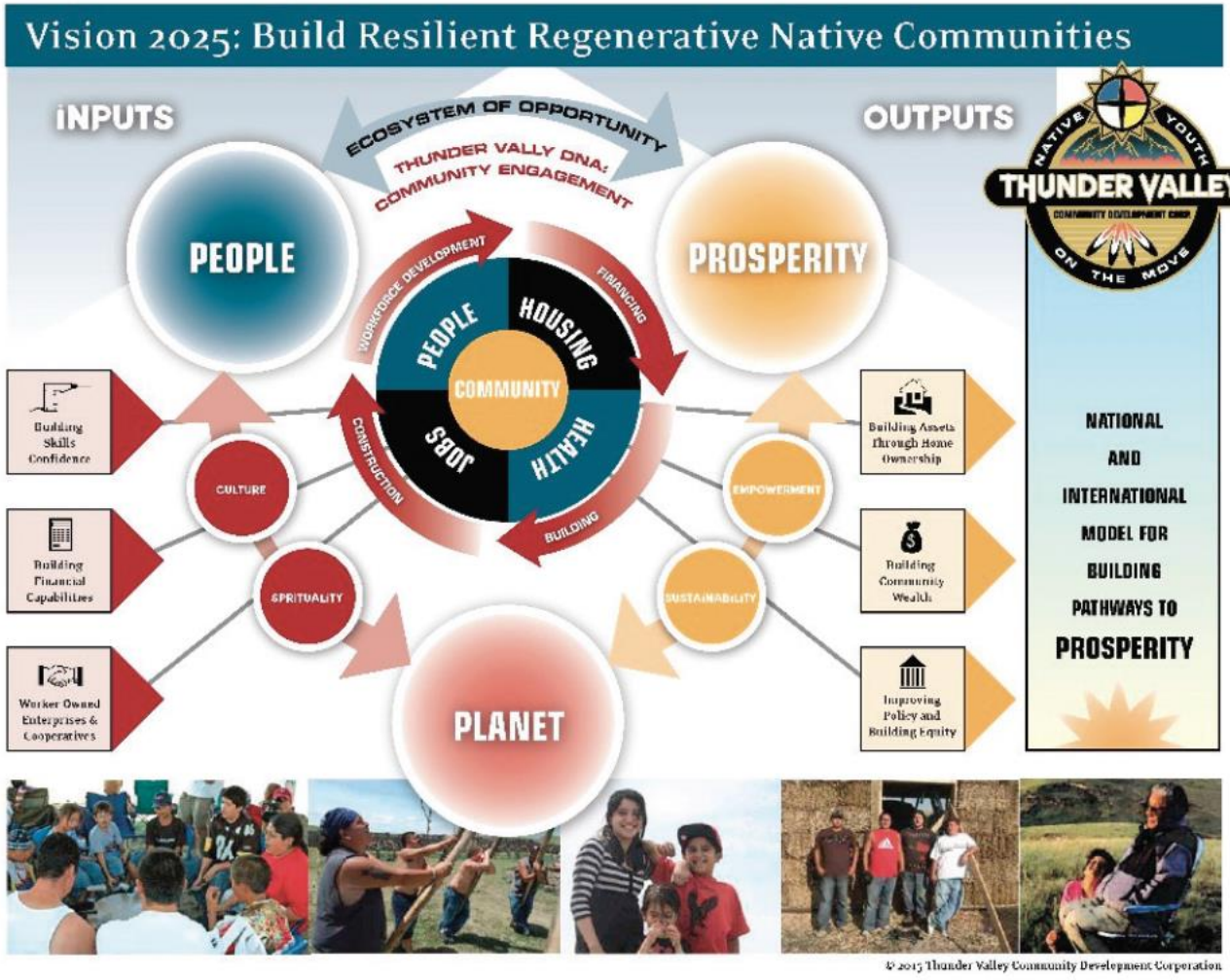

FIGURE 4-1 Thunder Valley Community Development Corporation's Theory of Change.
SOURCE: Thunder Valley CDC, 2016.

Flowdancing

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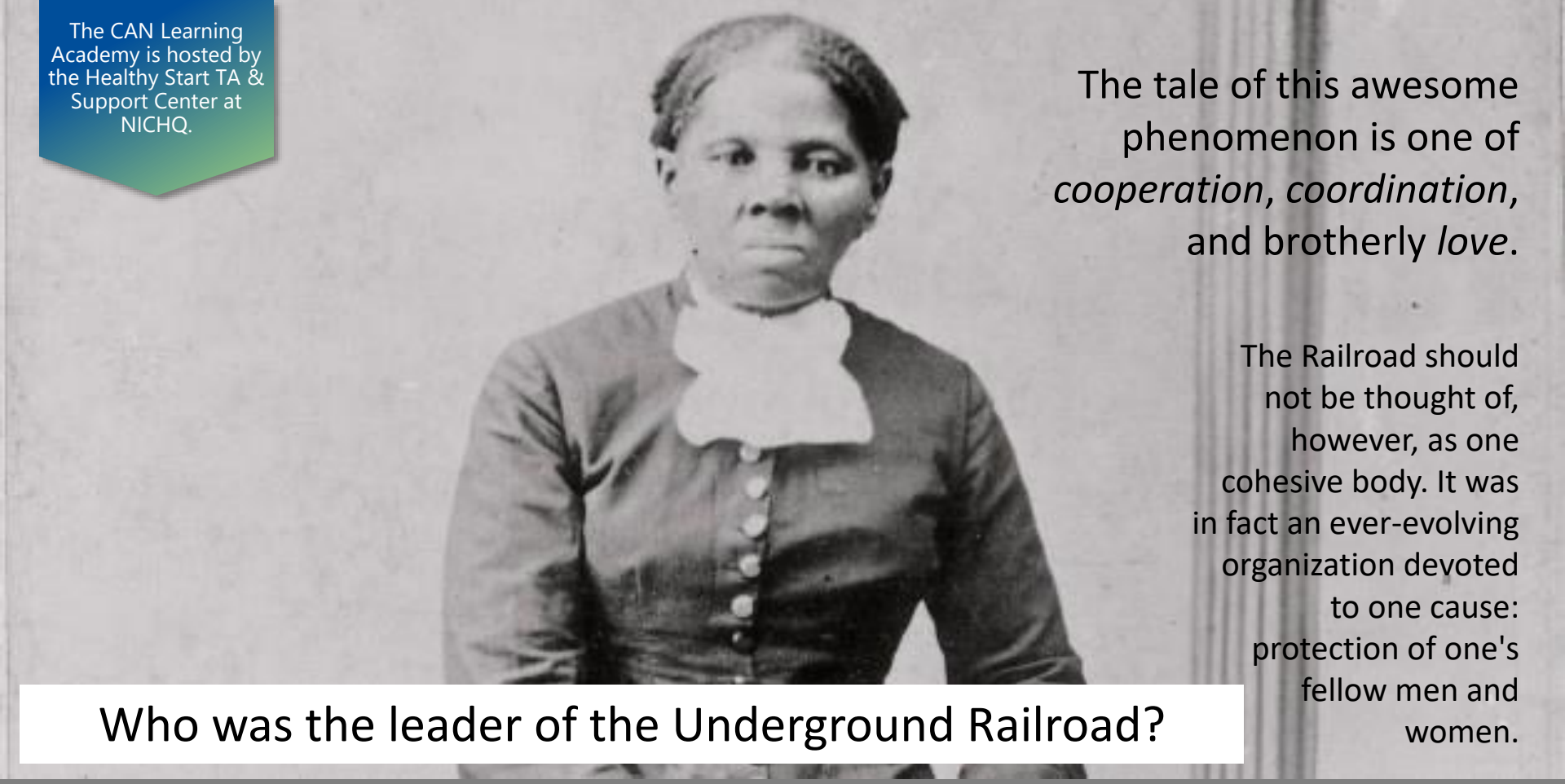

The tale of this awesome phenomenon is one of *cooperation*, *coordination*, and brotherly *love*.

The Railroad should not be thought of, however, as one cohesive body. It was in fact an ever-evolving organization devoted to one cause: protection of one's fellow men and women.

Who was the leader of the Underground Railroad?

Underground Railroad PBS WGBH

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CHANGE.

can only come when we stand as one.

another example of collective impact

USA for Africa

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HEALTHY start

breakout room

share examples of collaborative that you have been a part of that represented a collective impact experience

Highlight one or two elements that made it successful.

Bringing it together
Working it together
Keeping it together

Collective Impact

Doing it together!

Sustaining Together

Winning Together

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not about singular leadership

but rather collective/shared leadership

TOGETHER

COMMUNITY

"just and fair inclusion into a society in which all can participate, prosper, and reach their full potential."

The Equity Imperative
[Angela Glover, Policy Link]

CI - set it up so that you don't mess it up!

The five conditions of collective impact, implemented without attention to equity, are not enough to create lasting change.
[John Kania & Mark Kramer Oct. 6, 2015]

Which means you must discover and address inequities (C. Jones)

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Advancing economic and social equity through the idea of

"Lifting Up What Works!"

Michael McAfee, Angela Glover Blackwell, and Judith Bell

Equity:
The Soul of Collective Impact

PolicyLink

Michael McAfee, Angela Glover Blackwell, and Judith Bell

PolicyLink is a national research and action institute advancing economic and social equity by **Lifting Up What Works®**.

The long, rich history of community-building work in low-income communities and communities of color provides a foundation of theory and practice on which today's collective impact framework[1] must build to achieve results commensurate with society's biggest challenges. That foundation is equity—just and fair inclusion into a society in which all can participate, prosper, and reach their full potential. Equity, both racial and economic, must be infused through all aspects of collective impact processes,[2] from the deep engagement of communities to the collection and analysis of data; the design and scale of solutions; and the capacities, point of view, and roles of backbone organizations.

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Addressing equity and social justice while working in a collective impact setting.

"Equity Needs to Live in the Backbone"

1. Disaggregating data is a foundational step
2. Structural analysis of disparities gets to the root causes
3. Use data and structural analysis to support and shape local narratives

Article: 3 Steps for Advancing Equity through Collective Impact – Juan Sebastian Arias and Sheri Brady

https://www.collectiveimpactforum.org/blogs/11421/3-steps-advancing-equity-through-collective-impact

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camara jones

5.16

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https://www.youtube.com/watch?v=to7Yrl50iHI

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HEALTHY start

"Achieving health equity requires that women and men, girls and boys have fair opportunities and access to conditions and services that will help them achieve optimal health. **Equity in health demands that we care about the range of human experiences and work towards making health care and policies responsive to all people,** *by paying attention to their diverse identities as people, and by paying attention to the diversity in their daily lives."*

PAHO Pan American Health Organization World Health Organization Americas

"disparities arise through inequities."

Camara Jones, MD, MPH, PhD
APHA Past President and Research Director on Social Determinants of Health and Equity at the National Center for Chronic Disease Prevention and Health Promotion

role of equity

*in*equity.

a system of structuring opportunity and assigning value based on…

Going Public

Levels of Racism: A Theoretic Framework and a Gardener's Tale

Camara Phyllis Jones, MD, MPH, PhD

ABSTRACT

The author presents a theoretic framework for understanding racism on 3 levels: institutionalized, personally mediated, and internalized. This framework is useful for raising new hypotheses about the basis of race-associated differences in health outcomes, as well as for designing effective interventions to eliminate those differences.

She then presents an allegory about a gardener with 2 flower boxes, rich and poor soil, and red and pink flowers. This allegory illustrates the relationship between the 3 levels of racism and may guide our thinking about how to intervene to mitigate the impacts of racism on health. It may also serve as a tool for starting a national conversation on racism. (*Am J Public Health.* 2000;90: 1212–1215)

Race-associated differences in health outcomes are routinely documented in this country, yet for the most part they remain poorly explained. Indeed, rather than vigorously exploring the basis of the differences, many scientists either adjust for race or restrict their studies to one racial group.[1] Ignoring the etiologic clues embedded in group differences impedes the advance of scientific knowledge, limits efforts at primary prevention, and perpetuates ideas of biologically determined differences between the races.

The variable race is only a rough proxy for socioeconomic status, culture, and genes, but it precisely captures the social classification of people in a race-conscious society such as the United States. The race noted on a health form is the same race noted by a sales clerk, a police officer, or a judge, and this racial classification has a profound impact on daily life experience in this country. That is, the variable "race" is not a biological construct that reflects innate differences,[2,3] but a social construct that precisely captures the impacts of racism.

For this reason, some investigators now hypothesize that race-associated differences in health outcomes are in fact due to the effects of racism.[3] In light of the Department of Health and Human Services' Initiative to Eliminate Racial and Ethnic Disparities in Health by the Year 2010,[4] it is important to be able to examine the potential effects of racism in causing race-associated differences in health outcomes.

Levels of Racism

I have developed a framework for understanding racism on 3 levels: institutionalized, personally mediated, and internalized. This framework is useful for raising new hypotheses about the basis of race-associated differences in health outcomes, as well as for designing effective interventions to eliminate those differences. In this framework, *institutionalized racism* is defined as differential access to the goods, services, and opportunities of society by race. Institutionalized racism is normative, sometimes legalized, and often manifests as inherited disadvantage. It is structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator. Indeed, institutionalized racism is often evident as inaction in the face of need.

Institutionalized racism manifests itself both in material conditions and in access to power. With regard to material conditions, examples include differential access to quality education, sound housing, gainful employment, appropriate medical facilities, and a clean environment. With regard to access to power, examples include differential access to information (including one's own history), resources (including wealth and organizational infrastructure), and voice (including voting rights, representation in government, and control of the media). It is important to note that the association between socioeconomic status and race in the United States has its origins in discrete historical events but persists because of contemporary structural factors that perpetuate those historical injustices. In other words, it is because of institutionalized racism that there is an association between socioeconomic status and race in this country.

Personally mediated racism is defined as prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives, and intentions of others accord-

The author is currently with the Department of Health and Social Behavior, Department of Epidemiology, and the Division of Public Health Practice, Harvard School of Public Health, Boston, Mass. She will soon begin working with the Centers for Disease Control and Prevention, Atlanta, Ga.

Requests for reprints should be sent to Camara Phyllis Jones, MD, MPH, PhD, Centers for Disease Control and Prevention, 4770 Buford Hwy, MS K45, Atlanta, GA 30341.

This article was accepted April 12, 2000.

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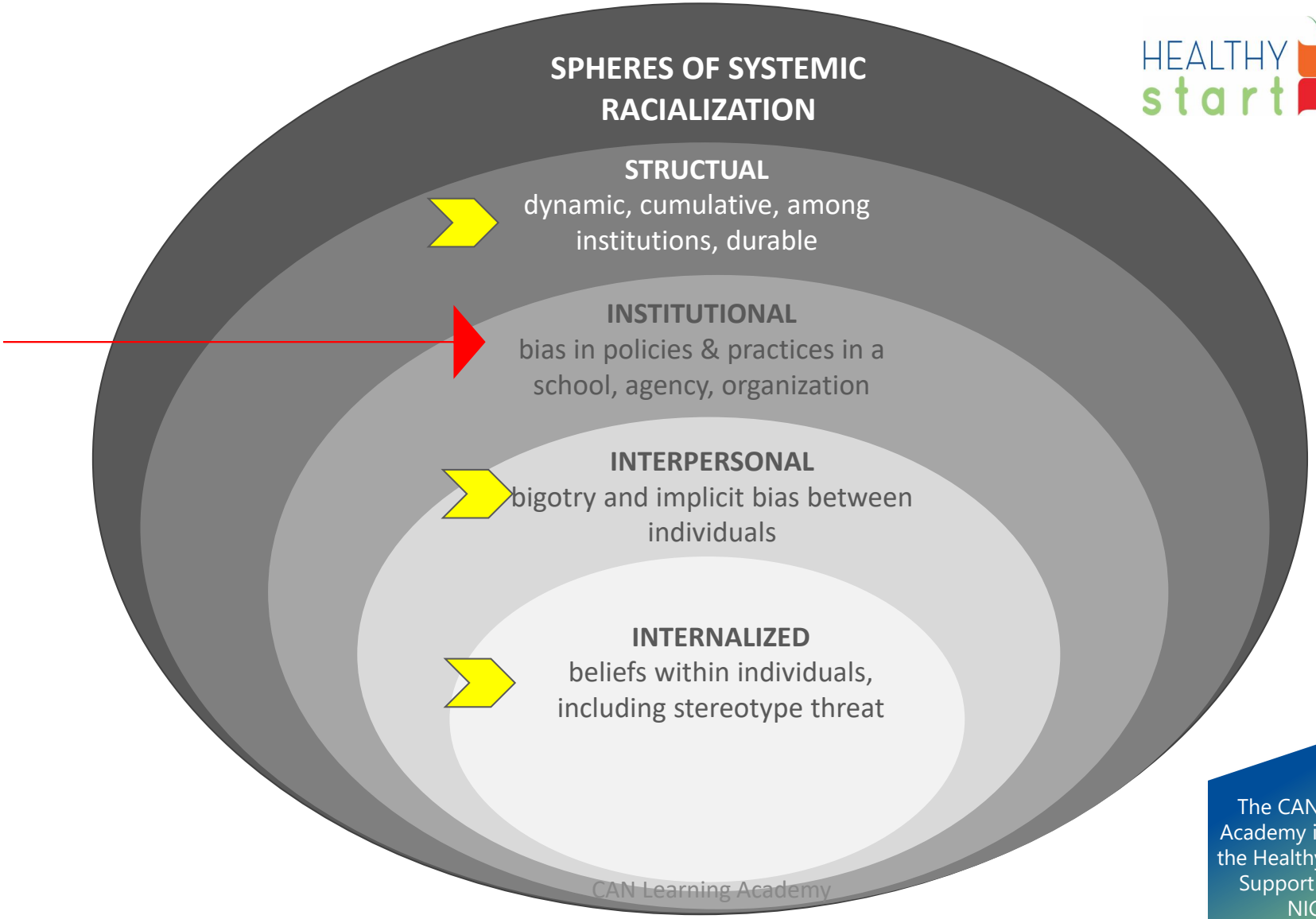

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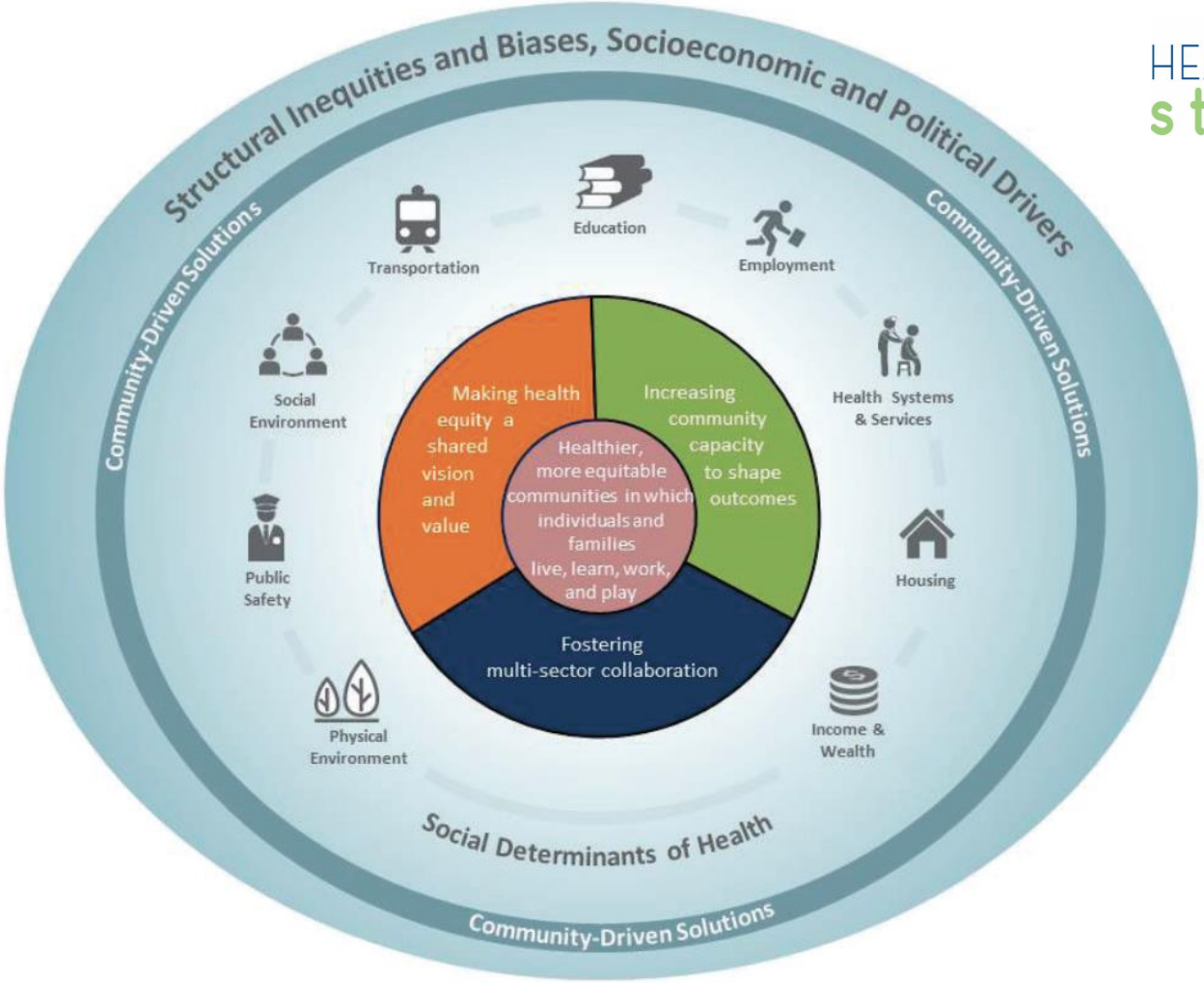

FIGURE 4-2 The three elements of community success in implementing community-driven solutions to promote health equity.

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The Gardener's Tale

Camara Jones

Going Public

Levels of Racism: A Theoretic Framework and a Gardener's Tale

Camara Phyllis Jones, MD, MPH, PhD

ABSTRACT

The author presents a theoretic framework for understanding racism as 3 levels: institutionalized, personally mediated, and internalized. This framework is useful for raising new hypotheses about the basis of race-associated differences in health outcomes and for designing effective interventions to eliminate these differences.

The Gardener's Tale presents an allegory about a gardener with 2 flower boxes, rich and poor, and a hose with 3 settings. The allegory illustrates the relationship between the 3 levels of racism and may guide our thinking about how to intervene to mitigate the impacts of racism on health. It may also serve as a tool for starting a national conversation on racism. (*Am J Public Health* 2000;90: 1212–1215)

Race-associated differences in health outcomes are routinely documented in this country, yet for the most part they remain poorly explained. Indeed, rather than vigorously exploring the basis of the differences, many scientists either adjust for race or restrict their studies to persons of a single race. Ideologies often embedded in group differences impedes the advance of scientific knowledge, limits efforts at primary prevention, and perpetuates abuse of biologically determined differences to justify inequities.

The variable race is only a rough proxy for socioeconomic status, culture, and genes, but it precisely captures the socially classification of people in a race-conscious society such as the United States. The race noted on a health form is the same race noted by a sales clerk, a police officer, or a bank teller, and racial stratification has a profound impact on daily life experience in this country. That is, the variable "race" is not a biological construct but a socially meaningful construct that powerfully affects people's lives.[1–3]

For this reason, some investigators now hypothesize that race-associated differences in health outcomes are in fact due to the effects of racism.[4–6] In light of the Department of Health and Human Services' Initiative to Eliminate Racial and Ethnic Disparities in Health by the Year 2010,[7] it is important to be clear about the potential effects of racism in causing race-associated differences in health outcomes.

Levels of Racism

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Institutionalized racism manifests itself both in material conditions and in access to the subtler benefits of society. Material conditions include differential access to quality education, sound housing, gainful employment, appropriate medical facilities, and a clean environment. With regard to access to power, examples include differential access to information (including one's own history), resources (including wealth, as supported by public infrastructure), and voice (including voting rights, representation in government, and control of the media). It is important to note that the association between socioeconomic status and racism is complex. Racism can affect socioeconomic historical events but persists because of contemporary structural factors that perpetuate those historical injustices. In other words, it is because of institutionalized racism that there is an association between socioeconomic status and race in this country.

Personally mediated racism is defined as prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives, and intentions of others accord-

August 2000, Vol. 90, No. 8

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If significant progress is going to be made to help poverty-stricken children, their families and their communities to make any amount of sustainable change, then we must face the reality that structural and institutional racism has undermined – and will continue to undermine if not dealt with - the effectiveness of our grantmaking. If racial equity is not achieved in our social and economic systems, we can never hope to give each child in our country the opportunity to reach his or her full potential.

-Joe Stewart, Chair of the Kellogg Foundation Board of Trustees

Taking the Equity Lead in Your Organization

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Disparities persist.

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Disparity is the quantity that separates a group from a reference point on a particular measure of health that is expressed in terms of a rate, proportion, mean, or some other quantitative measure. (HP2010)

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Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.

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Inequity

A difference in the distribution or allocation of a resource between groups (usually expressed as group- specific rates)

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Health inequalities are the systematic, avoidable and unfair differences in health outcomes that can be observed between populations, between social groups within the same population or as a gradient across a population ranked by social position.

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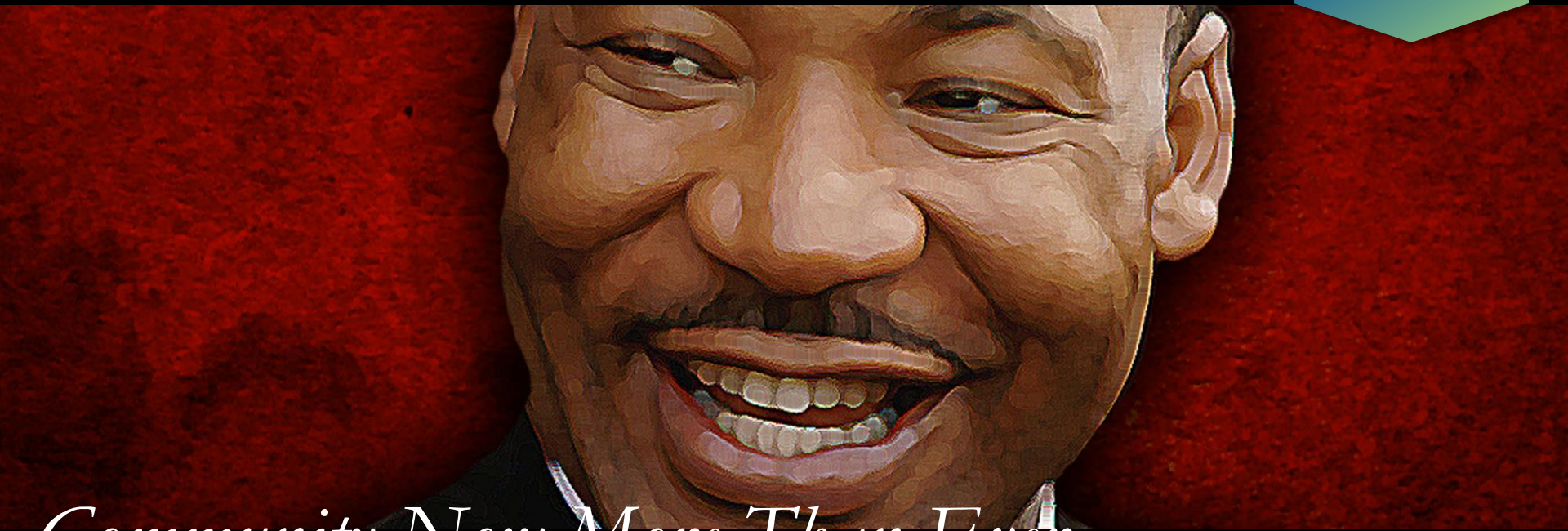

Community Now More Than Ever

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why community engagement?

A. B, C

awareness, behavior consciousness

NICHQ | Kenn Harris, Senior Project Director, National Institute for Children's Health Quality (NICHQ)

"Aligning *knowledge and practice* to build a **connected force** for community change"

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Community Engagement (CE) is the process by which residents are engaged to learn and work together on behalf of their communities to create and realize bold visions for the future.

designing the future together.

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community engagement.

there is no single or simple answer to the question, *“what is community engagement?”*

process and outcome

are we providing services that the community needs?

how does the community feel about us?

community.

is the community connected and involved?

has the community been "co-creators"

has the community had an opportunity to provide input into the plan?

has the culture and behavior changed?

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engagement.

decision-making

relationship development

capacity building

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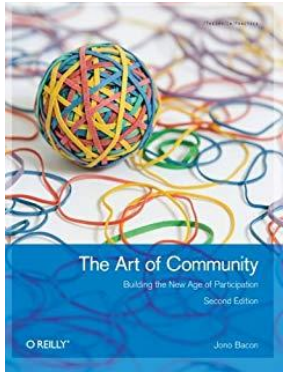
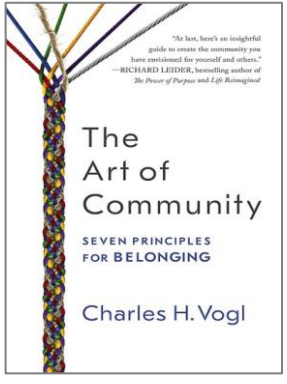
community and *belonging*.





HEALTHY start

healing and restoration.

occurs in community

Kenn Harris, Senior Project Director, National Institute for Children's Health Quality (NICHQ)

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Place & Space

healing | reconciliation | restoration

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Reconciliation is not event.

it's a decision

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Community Engagement

takes time, not a rush job!

Kenn Harris, Senior Project Director, National Institute for Children's Health Quality (NICHQ)

BREADTH *of Community Engagement*

Individual | Intergroup | Program | Organizational | Community | **Societal**

DEPTH *of Community Engagement*

DO

THINK

VALUES

BELIEFS

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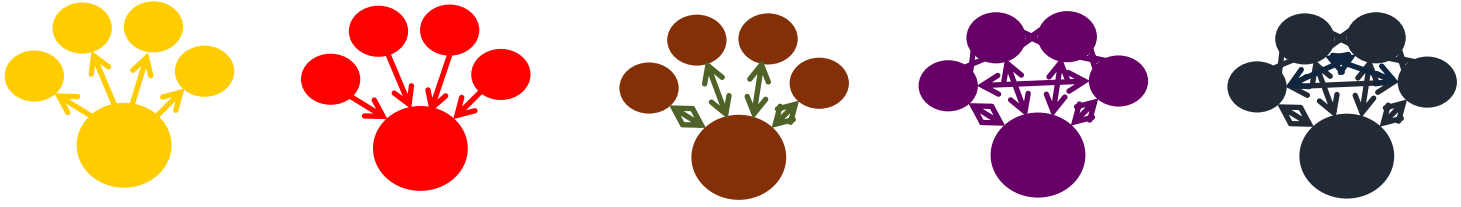
Obtain public feedback on analysis, alternatives and/or a decision

Partner with the public in each aspect of the decision including the development of the alternatives and the identification of the preferred solution

Inform | **Consult** | **Involve** | **Collaborate** | **Empower**



Inform ← → **Involve** ← → **Empower**

low level of public engagement

Provide the public with balanced & objective information to assist them in understanding the problems, alternatives and/or solutions.

Mid level of public engagement

Work directly with the public throughout the process to ensure that public issues and concerns are consistently understood and considered

High level of public engagement

Place final decision-making in the hands of the public

Adapted from IAP2's Public Participation Spectrum, Toronto

True Partnership

Coordination:	*Collaboration:*	*Integration:*

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HEALTHY start

Spectrum of Engagement

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Institutional Structures for Community Engagement

Ascending Impact

Descending Impact

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Community Engagement Context

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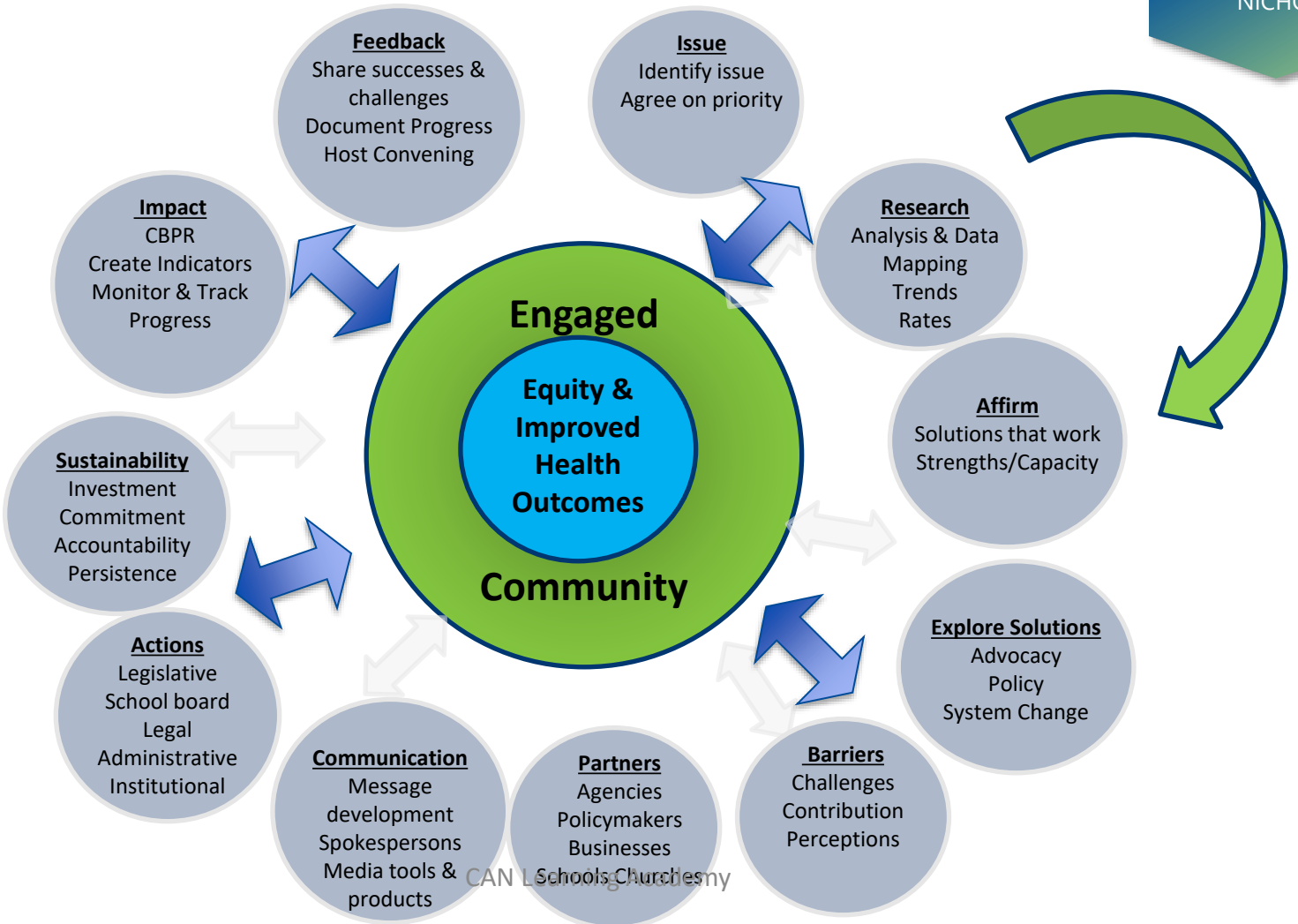

Towards More Equitable Public Engagement Processes

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- Inclusive: What communities and interests need to be represented and in what capacity?
- Accessible: Will people and organizations from a diversity of backgrounds feel comfortable and engaged?
- Transparent: How does public engagement interact and influence decision-making?

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BIG LOTTERY FUND

Community Engagement — Working Together — Outcomes Approach — Achieving Alignment

COMMUNITY PLANNING TOOLKIT

https://www.communityplanningtoolkit.org

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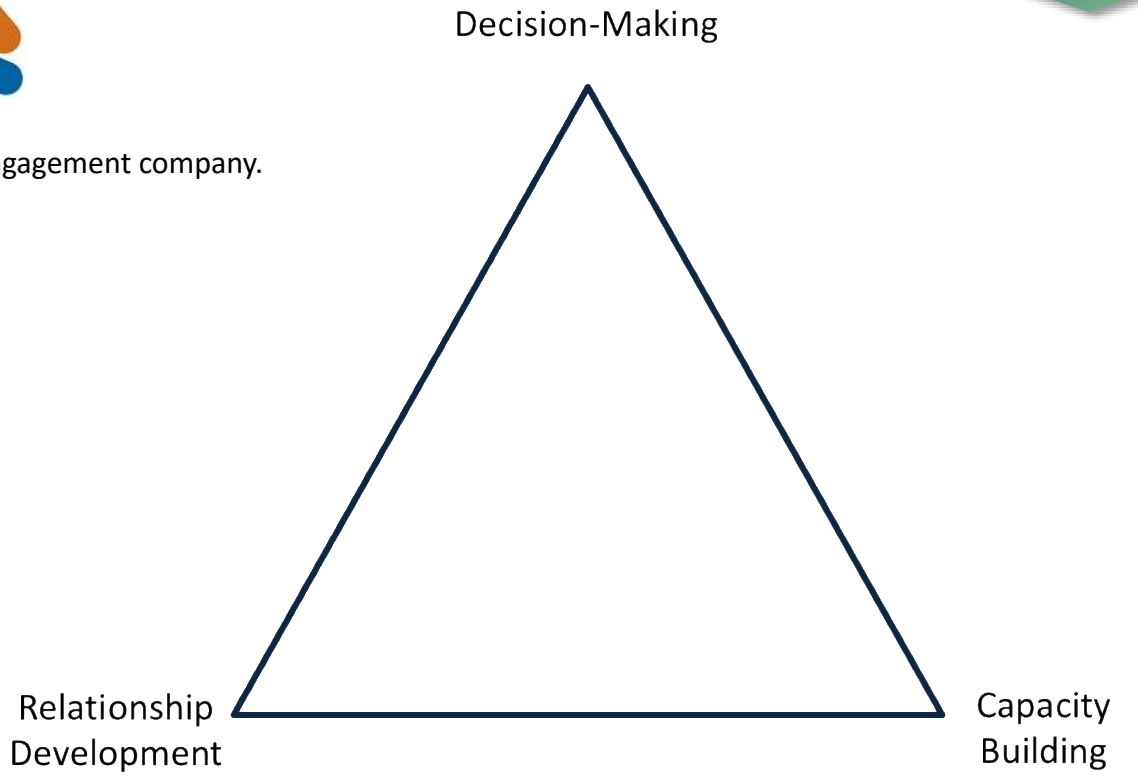
Bang the Table is a global digital public engagement company.

https://www.bangthetable.com



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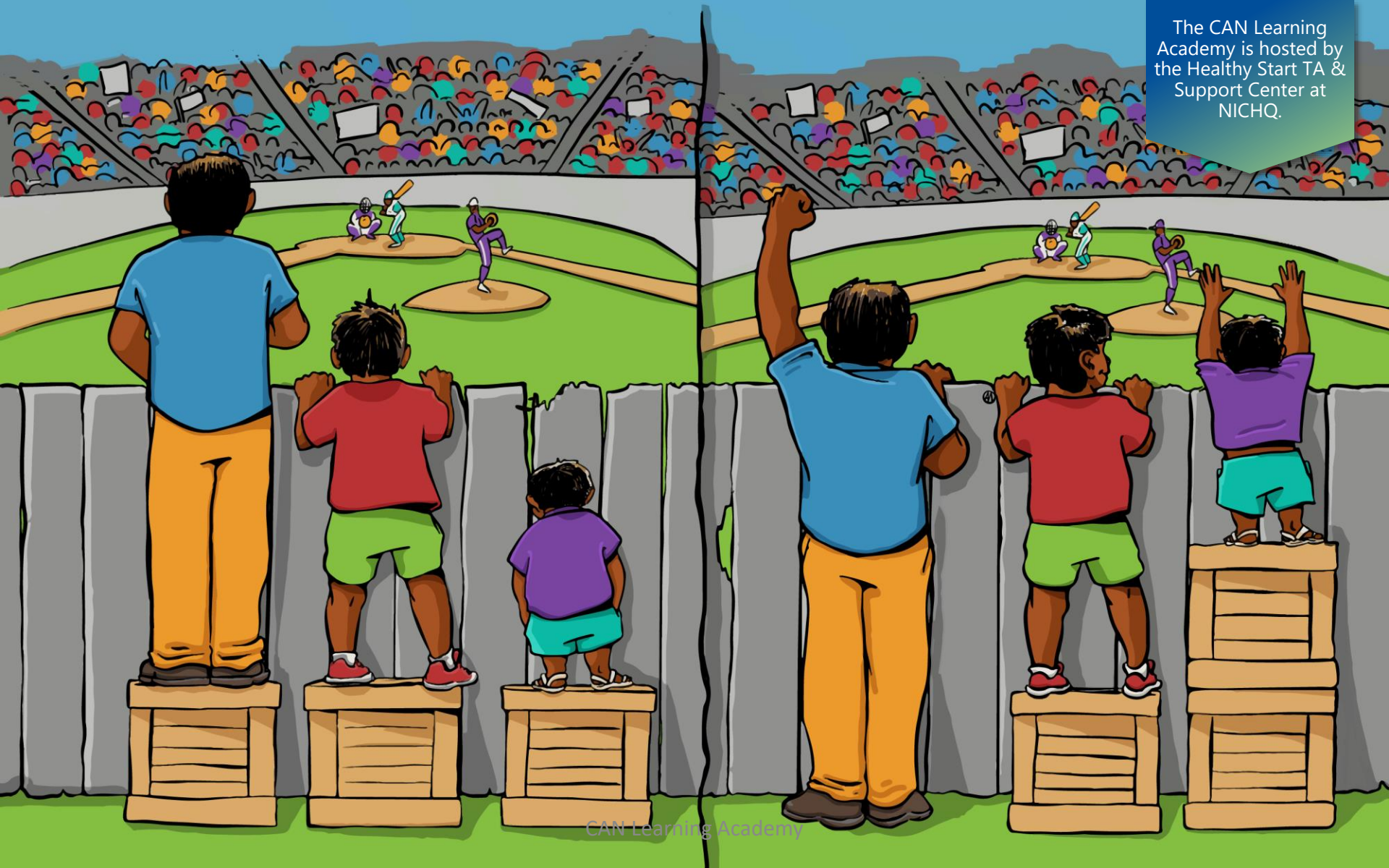
Cultivate equity

"make things right in the garden"



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CAN Learning Academy

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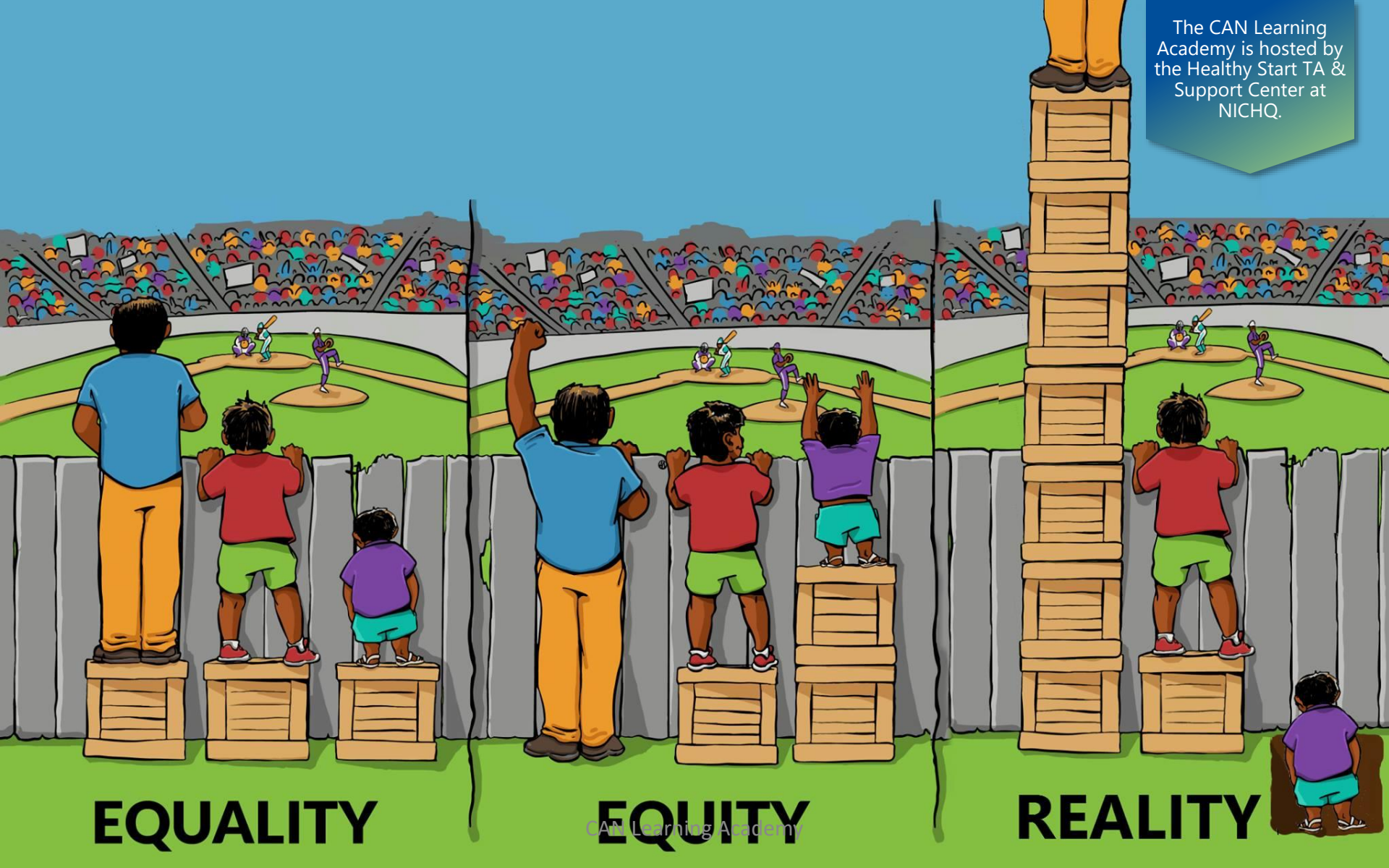
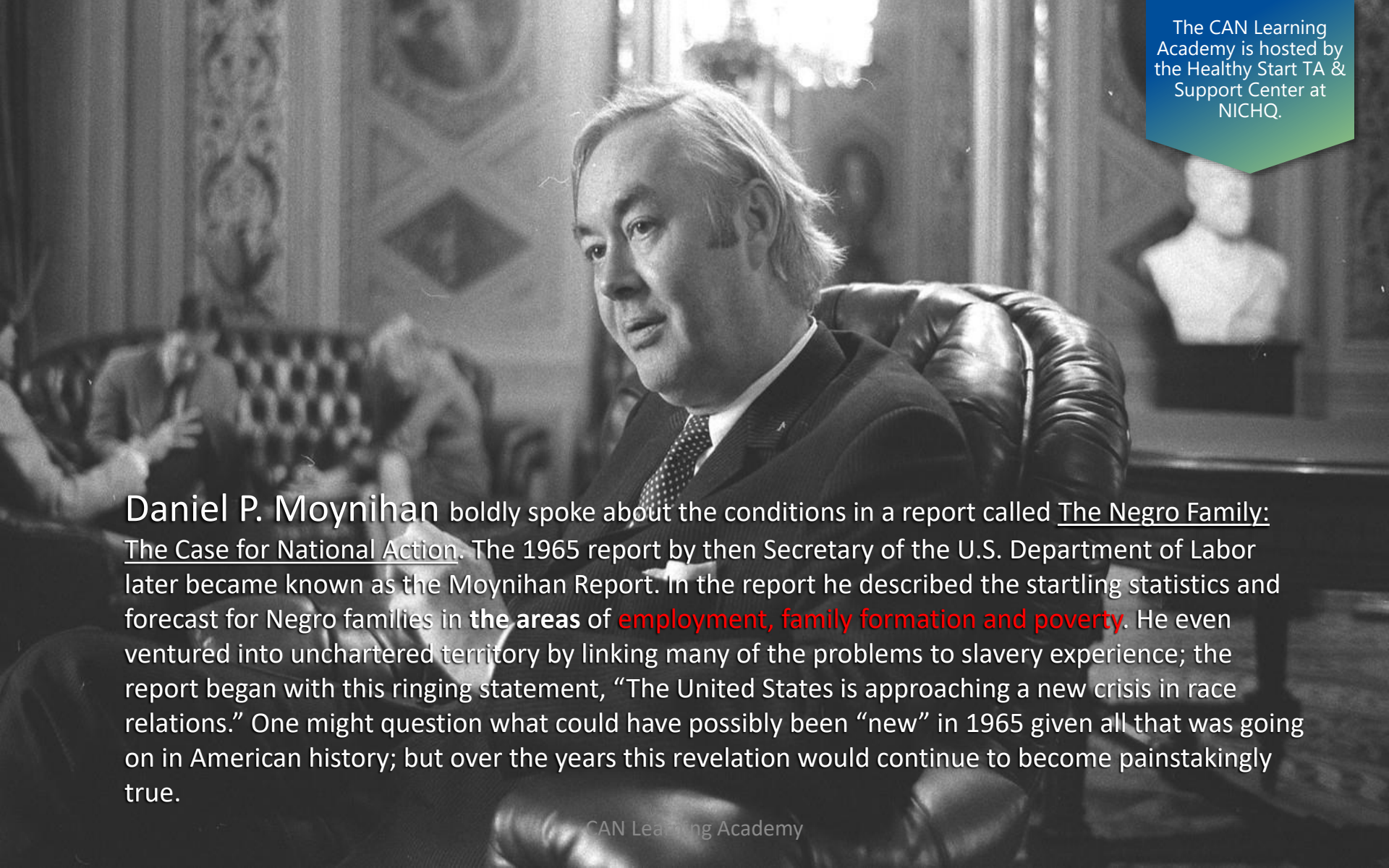


CAN Learning Academy



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Daniel P. Moynihan boldly spoke about the conditions in a report called The Negro Family: The Case for National Action. The 1965 report by then Secretary of the U.S. Department of Labor later became known as the Moynihan Report. In the report he described the startling statistics and forecast for Negro families in **the areas** of employment, family formation and poverty. He even ventured into unchartered territory by linking many of the problems to slavery experience; the report began with this ringing statement, "The United States is approaching a new crisis in race relations." One might question what could have possibly been "new" in 1965 given all that was going on in American history; but over the years this revelation would continue to become painstakingly true.

How do you keep up in a race when the other team has had a 350 head start?

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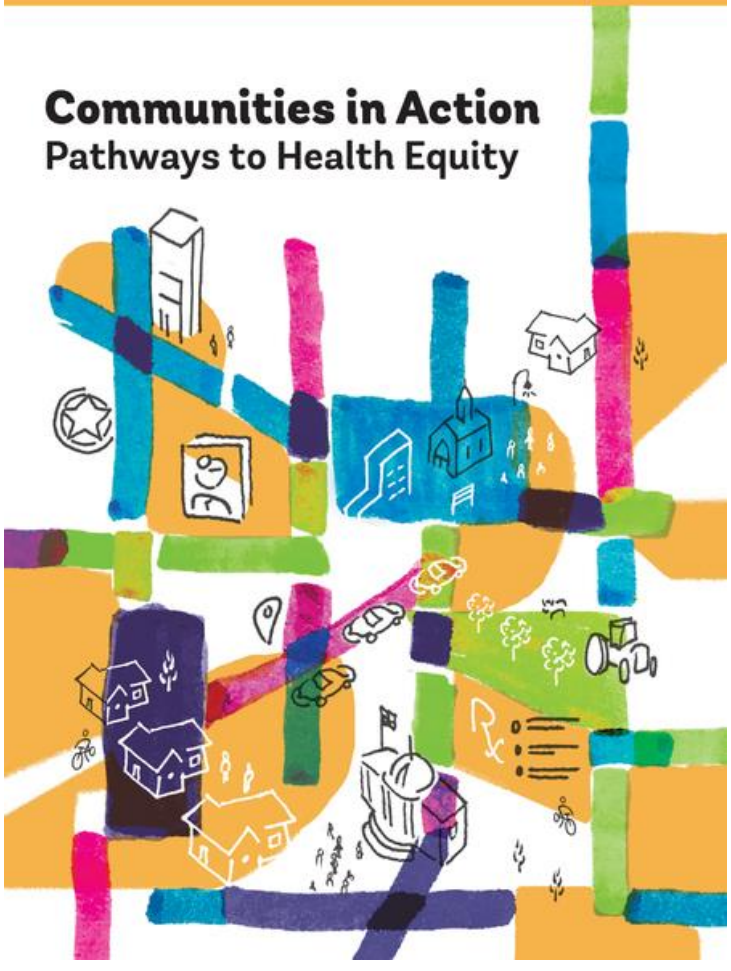
The National Academies of
SCIENCES · ENGINEERING · MEDICINE

REPORT

Communities in Action
Pathways to Health Equity



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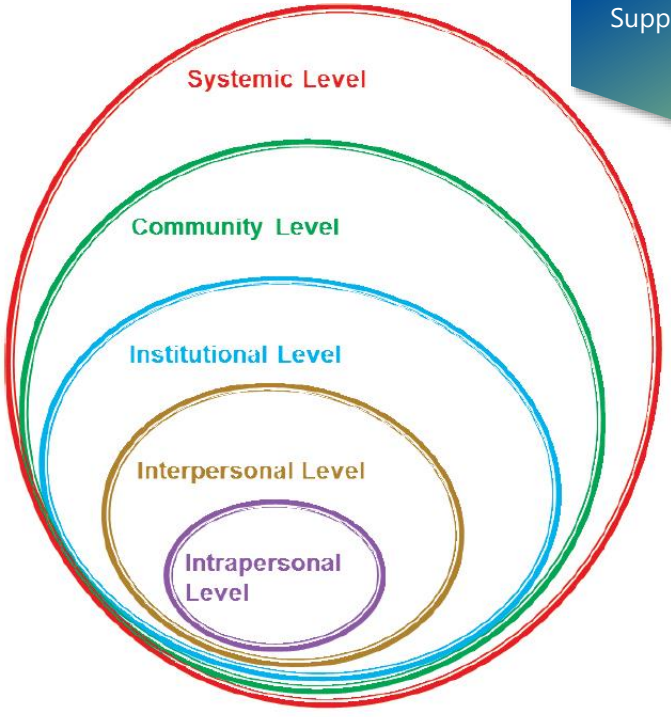


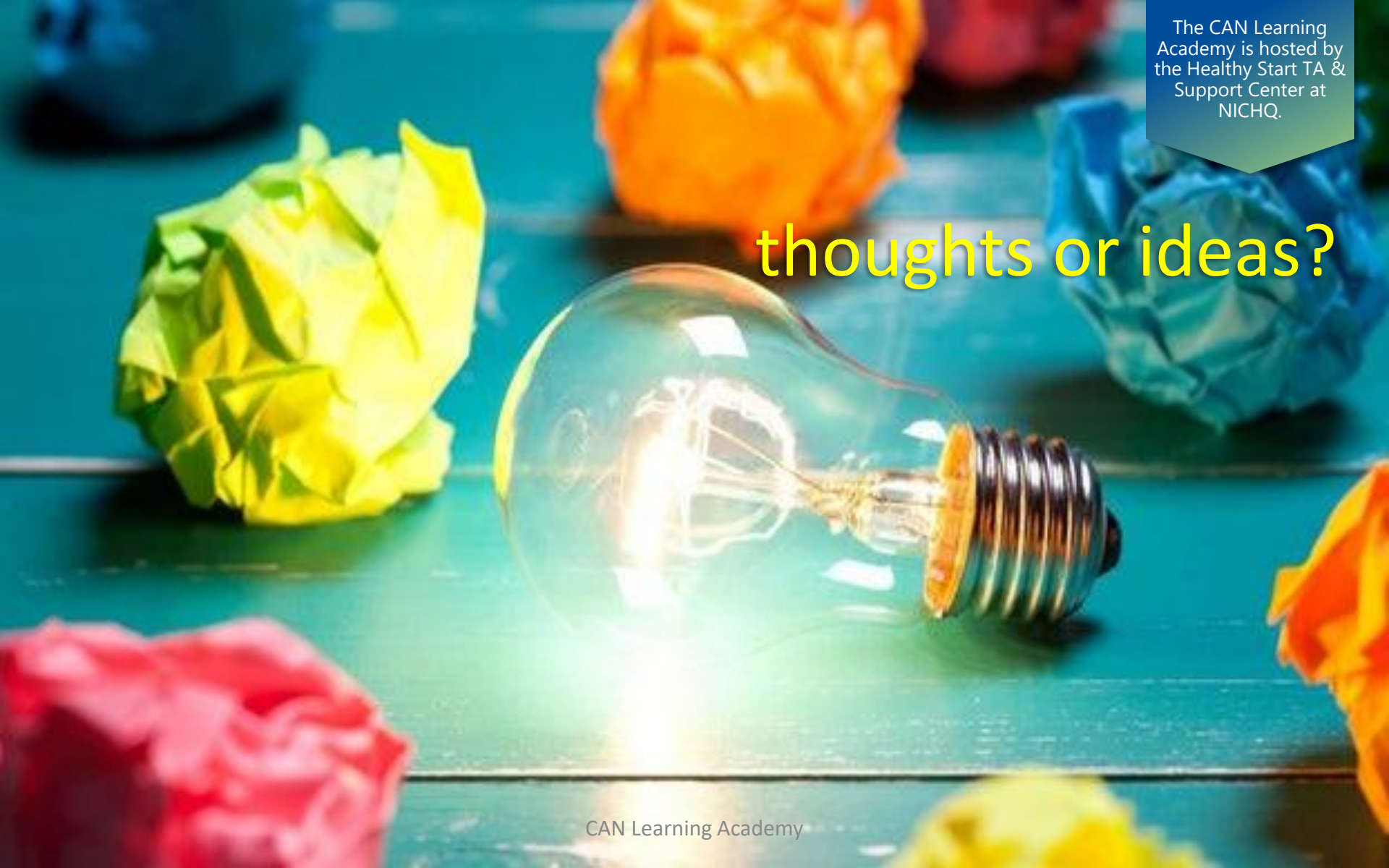
Systemic Level
- Immigration policies
- Incarceration policies
- Predatory banking

Community Level
- Differential resource allocation
- Racially or class segregated schools

Institutional Level
- Hiring and promotion practices
- Under- or over-valuation of contributions

Interpersonal Level
- Overt discrimination
- Implicit bias

Intrapersonal Level
- Internalized racism
- Stereotype threat
- Embodying inequities



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constellation alignment

What are resources in your orbit that are working?
Who's supporting this work?

What does the community want?

What do we want for the community?

How do we create alignment with the community?

Create a vision with community as partners for *Now and Beyond*

2021 2025 2030

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Constellation Alignment
WORK-SHEET

If you are at the of the mountain…imagine coming down the mountain in your mind and we'd like you to chart what you see as you come down. Have fun!

What are resources in your orbit that are working?

Who's supporting this work?

What does the community want?

What do we want for the community?

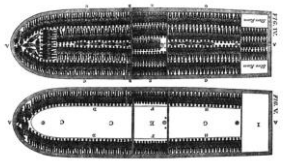
How do we create alignment with the community?

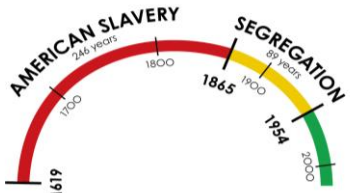
NEXT STEP when you gather the community together:

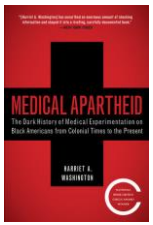
Create a vision with community as partners for *Now and Beyond*

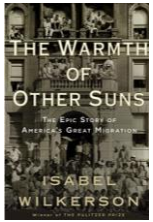
2021	2025	2030
BIG Goal:	BIG Goal:	BIG Goal:

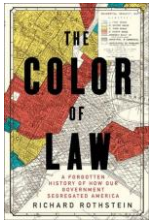
history eradicated | strengths distorted | culture demonized

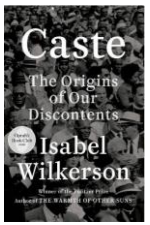


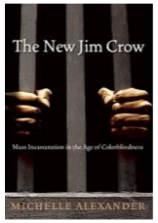


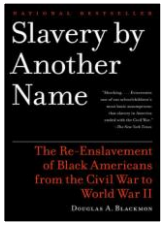


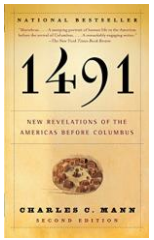


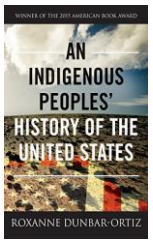


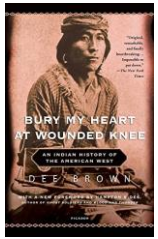


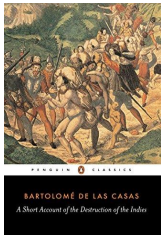












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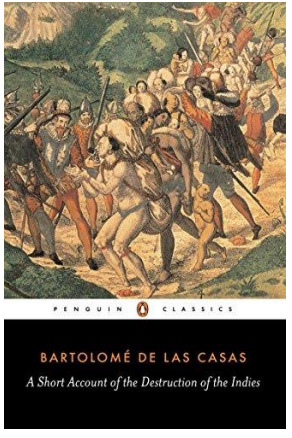
"What we committed in the Indies stands out among the most unpardonable offenses ever committed against God and mankind and this trade [in Indian slaves] as one of the most unjust, evil, and cruel among them."
—Bartolome De Las Casas



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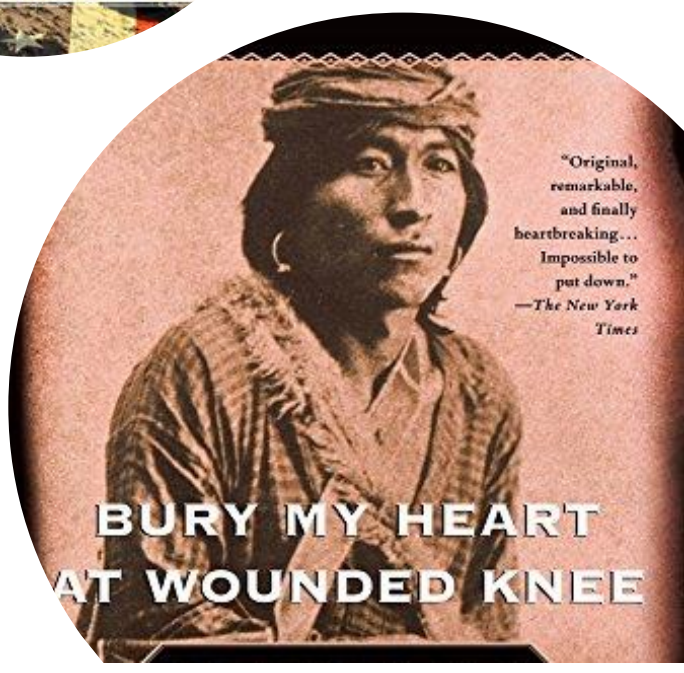
"US history, as well as inherited Indigenous trauma, cannot be understood without dealing with the genocide that the United States committed against Indigenous peoples..... The absence of even the slightest note of regret or tragedy in the annual celebration of the US independence betrays a deep disconnect in the consciousness of US Americans."
— Roxanne Dunbar-Ortiz

"I was born upon the prairie, where the wind blew free and there was nothing to break the light of the sun. I was born where there are no enclosures and where everything drew a free breath. I want to die there and not within walls. I know every stream and every wood between the Rio Grande and the Arkansas. I have hunted and lived over that country. I lived like my fathers before me, and, like them, I lived happily."
— Para-Wa-Samen (Ten Bears)



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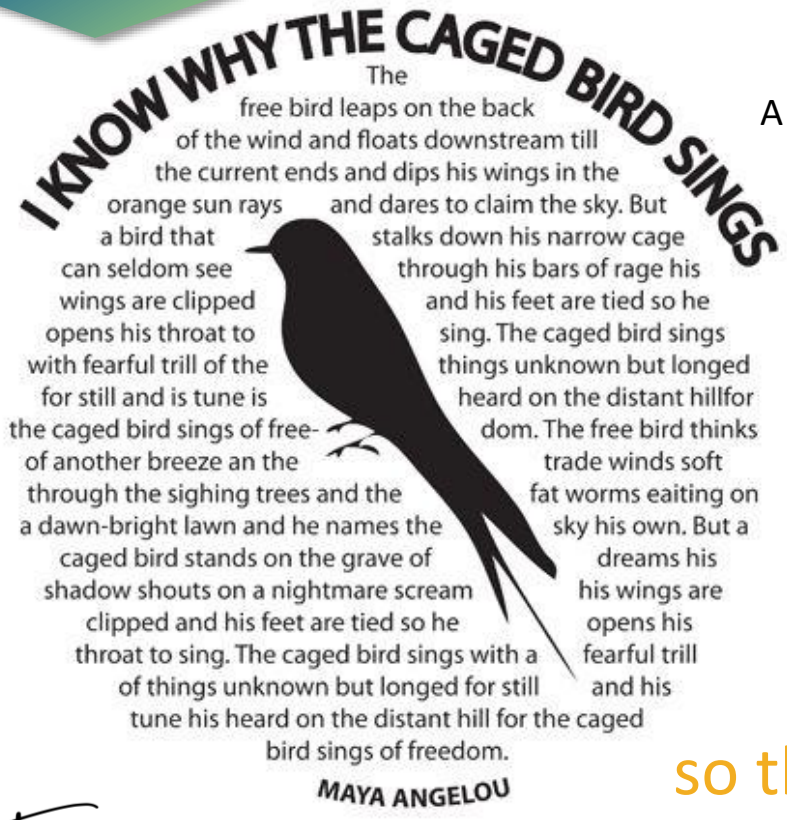

free birds & caged birds

A story not about ONE bird but TWO birds

aligning for action

freeing the caged birds

so that ALL bords can fly together!!

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Caged Bird Echoes
WORK-SHEET

Use this sheet to capture information that can help you when you begin your community engagement efforts.

QUESTION #1: What might be the "sounds of injustices" coming from my community?
QUESTION #2: What groups in my community might be seeking freedom?
QUESTION #3: What systems do I see impacting the lives of women, children, families and communities?
QUESTION #4: What are the strengths I see in my community that I look forward to lifting up?

CE Mapping Worksheet developed by Tapestry, CE
12/2020

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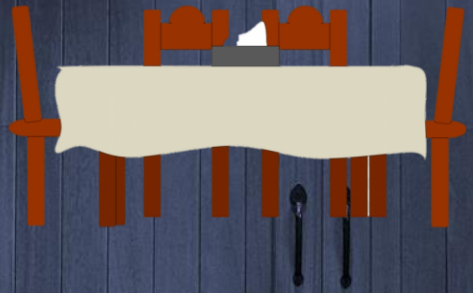
community engagement experience

from the door to the table

community door

guest at community table



listen & observe

member open table

expanded inclusive transformed

Kenn S. Harris, Principal
Boston, MA

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CE MAPPING

doors

1) pause, think about and list the benefits of your work to community so that when you're invited in, you can share
2) pause, think about and list the resources you can provide, so that when you're invited in, you're prepared share
3) pause, think, and imagine the possibilities you see for advancing the community and creating brighter future together so that when you're invited in, you can share

windows

1) look out your own window of your life, what do you see yourself doing to make things better?
2) look out the window of your organization, what do you your organization doing to make things better?

gates

1) think about communication and engagement: how will you keep the information and reciprocal relationship flowing?

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Thank you!

NICHQ | Keon L. Harris, Executive Project Director & Engagement Lead, National Institute for Children's Health Quality (NICHQ)

kharris@nichq.org

CAN Learning Academy

Post-Test

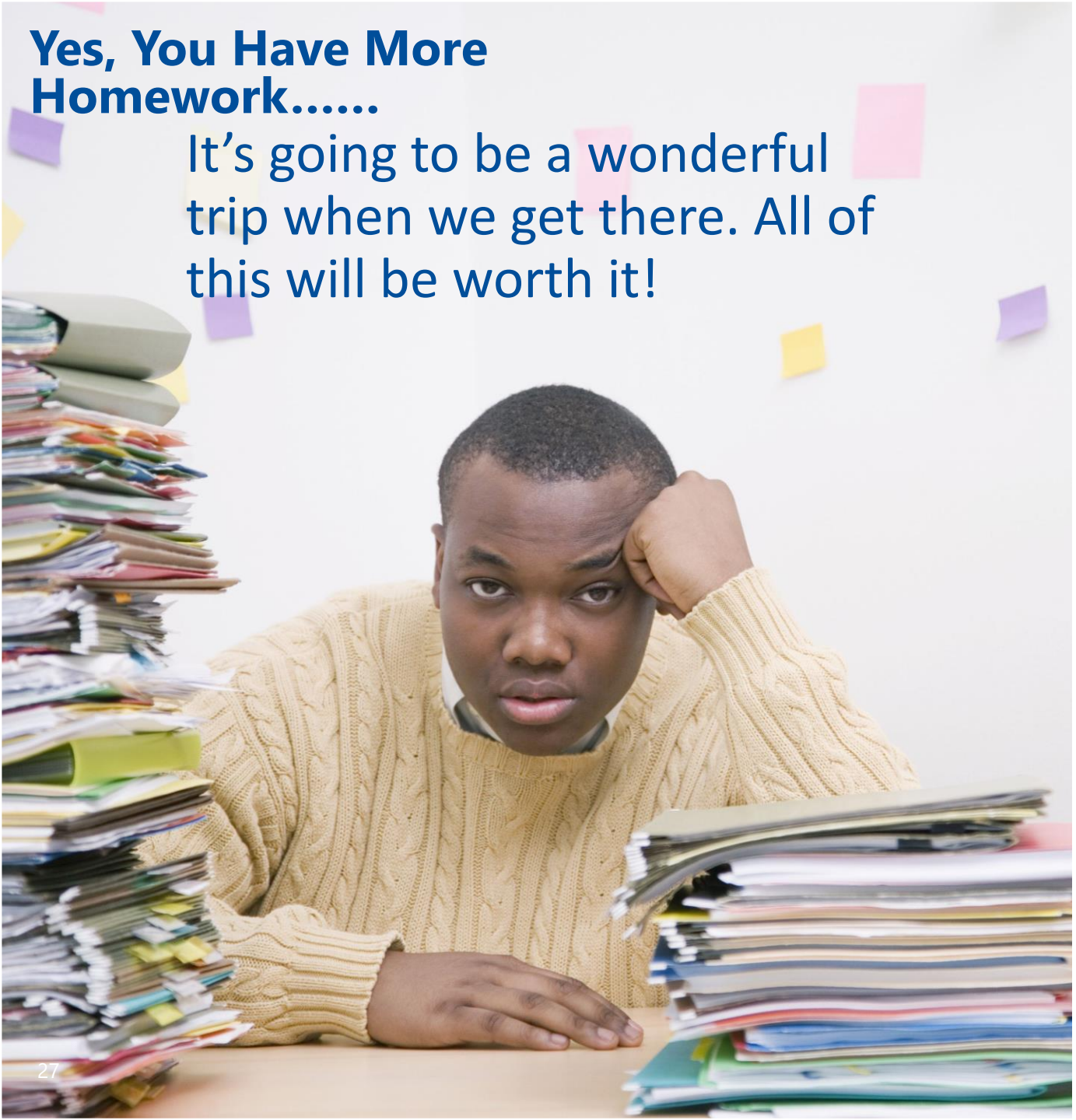
HEALTHY start TA & SUPPORT CENTER
NICHQ National Institute for Children's Health Quality

Wrap-up & Next Steps

Angela Ellison, MSEd

Yes, You Have More Homework……

It’s going to be a wonderful trip when we get there. All of this will be worth it!



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Session 2 Homework

1. Read Chapters, 1,2 4, and 6 in Communities in Actions : Addressing Health Equity
2. Review 2 to 3 Community Needs Assessments for your area and identify the top 3 health challenges for your Healthy Start participants and their communities
3. In your next CAN meeting, lead a discussion about health disparities and be prepared to share what you learned from that experience
4. Complete the following three worksheets:
    i. Community Engagement MAPPING Worksheet
    ii. Constellation Alignment Worksheet
    iii. Caged Bird Echoes Worksheet

CAN Assessment for Taking Our Primary Issue to the Next Level

- Are We Ready for the Journey? Begin to Pack Your Bags…..

  Examine the following with your team, organization and CAN:

  1. What key partners do you have at your planning table?
  2. What key partners are missing and why?
  3. What potentials barriers to getting the right partners to the table exist? Develop 2 solutions for addressing each potential barrier
  4. What strategies can you use to engage partners? Strategies must include goals and action steps for each goal.

HEALTHY start TA & SUPPORT CENTER

Next Healthy Start CAN Learning Academy Session

Thursday, July 22 from 2-4 p.m. ET

HEALTHY start TA & SUPPORT CENTER

NICHQ National Institute for Children's Health Quality

We are almost done but before we go, I will leave you with this thought…

A Partnership Made in Heaven or Hell?

This parable of the "Long Spoons: explains very well what really makes for a successful relationship!

One day a man said to God, "God, I would like to know what Heaven and Hell are like."

God showed the man two doors. Inside the first one, in the middle of the room, was a large round table with a large pot of stew. It smelled delicious and made the man's mouth water, but the people sitting around the table were thin and sickly. They appeared to be famished. They were holding spoons with very long handles and each found it possible to reach into the pot of stew and take a spoonful, but because the handle was longer than their arms, they could not get the spoons back into their mouths.

The man shuddered at the sight of their misery and suffering. God said, "You have seen Hell."

Behind the second door, the room appeared exactly the same. There was the large round table with the large pot of wonderful stew that made the man's mouth water. The people had the same long-handled spoons, but they were well nourished and plump, laughing and talking.

The man said, "I don't understand."

God smiled. It is simple, he said, Love only requires one skill. These people learned early on to share and feed one another. While the greedy only think of themselves…

[*Author unknown*]

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Survey

Please scan the QR code or visit https://link.nichq.org/CANLASession2 to complete the survey

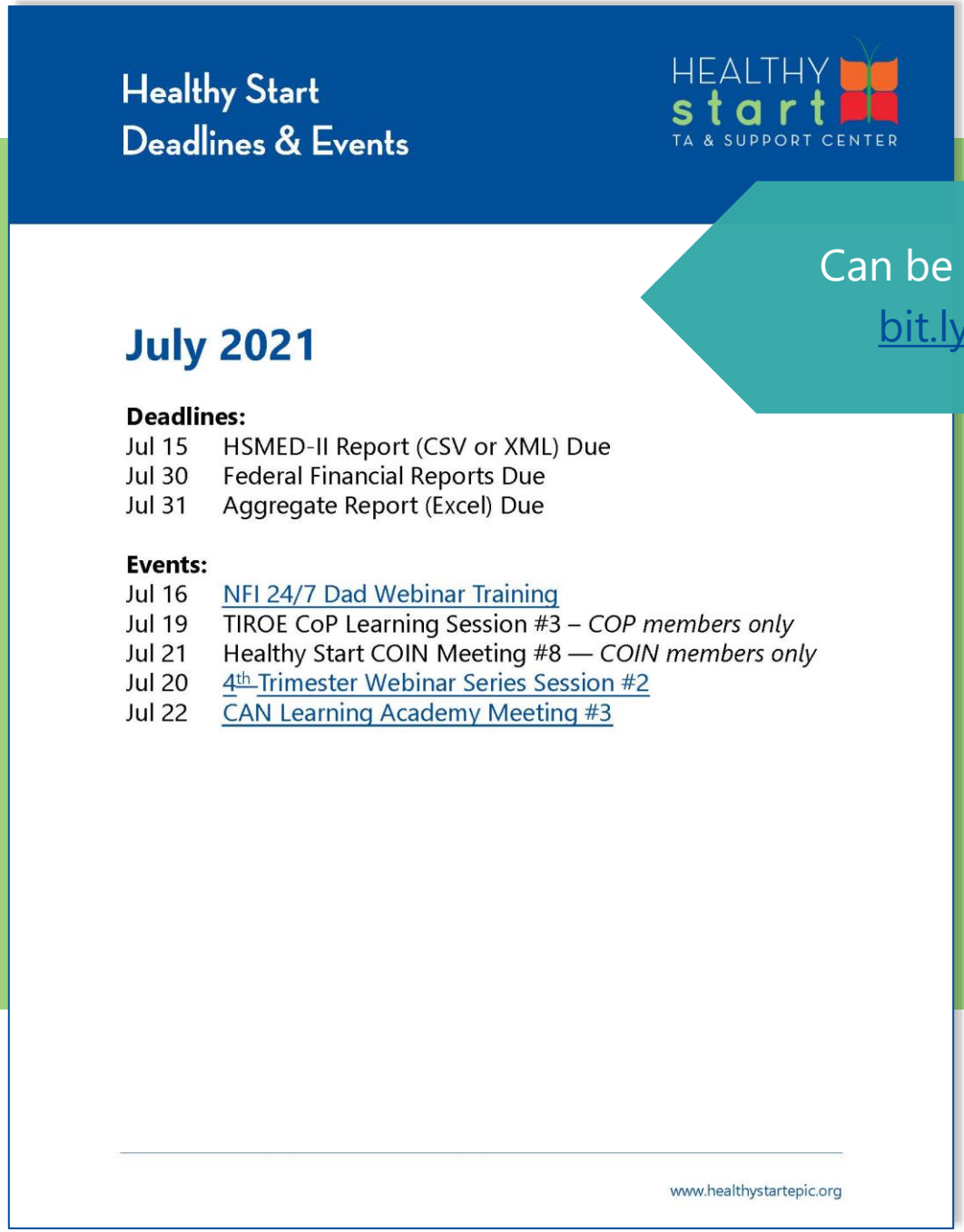
Your responses will help shape the future Learning Academy sessions!

Healthy Start CoLab

Connect with your fellow Learning Academ participants on the Healthy Start CoLab!

If you do not have a CoLab account, please email healthystart@nichq.org

HEALTHY start TA & SUPPORT CENTER



Can be found on the EPIC website or bit.ly/hs-deadlines-and-events

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Thank
You!