## Welcome!

We are so glad you are here!

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

Review today's agenda in your folder



Review the lunch options in your folder



Help yourself to hand sanitizer



Silence your cell phone



Grab a snack and coffee, tea or water



Stretch



Contribute to our gratitude board

0.....

Take a bio break

Healthy Start Regions 1, 2, & 3 Regional Meeting Tuesday, April 25 from 9:00 am-2:00 pm ET





Healthy Start Regional Meeting Regions 1, 2, & 3

Day 2: Tuesday, April 25 from 9 am-2 pm ET



National Institute for Children's Health Quality TA & SUF

start A & SUPPORT CENTER



# Welcome!

#### Please feel free to:

- View the agenda in the folder inside your tote bag.
- Review the nearby lunch options in your folder and place an order for delivery or pickup in advance.
- Write your thoughts on our Gratitude Board in the hallway.

#### • Please also note:

- The bathrooms are located down the hall.
- The TASC team is here to provide support or answer any questions during the meeting.
- We will have the following breaks:
  - Break from 10-10:30 am
  - Lunch break from 12-1 pm
- Coffee and tea will be available in the hall during the break.

Sustainability: Building Partnerships, Capacity & Capabilities 9:00-10:00

Ayesha Clarke, MPH, MSW, Health Equity Solutions (HES)

#### Break from 10-10:30

Report Outs from Skill- building Sessions 10:30-11:30	All
Hot Topic Table Talks 11:30-12:00	All

#### Lunch Break from 12:00-1:00

Sustainability: The Role of Innovation, Creativity, & Diversity 1:00-2:00

Kenn L. Harris TASC

Adjourn at 2:00 pm

Optional Project Officer/Grantee Meetings 2:00-4:30

N/A



Sustainabil Bui Partnershi Capacity & Capabilities Ayesha Clarke, MPH, MS Interim Executive Director Health Equity Solutions

Maternal & Child Health Provide real the Quality HEALTHY In the Store of the Store

Healthy Start Regions 1, 2, & 3 Regional Meeting

Transformational Community Engagement: Working with Community to Advance Health Equity

Monday, April 17th, 2023

HEALTH EQUITY SOLUTIONS



## **About State Health and Value Strategies**

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and healthcare by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's School of Public and International Affairs. The program connects states with experts and peers to undertake healthcare transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at www.shvs.org.

Support for the issue briefs discussed in this presentation was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.



## **About Health Equity Solutions**

Mission:

To advance health equity through anti-racist policies and practices.

Vision:

For every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.



## Level Setting: Defining Key Terms

"Community engagement" can describe a wide range of activities. Below is how SHVS defines key terms.

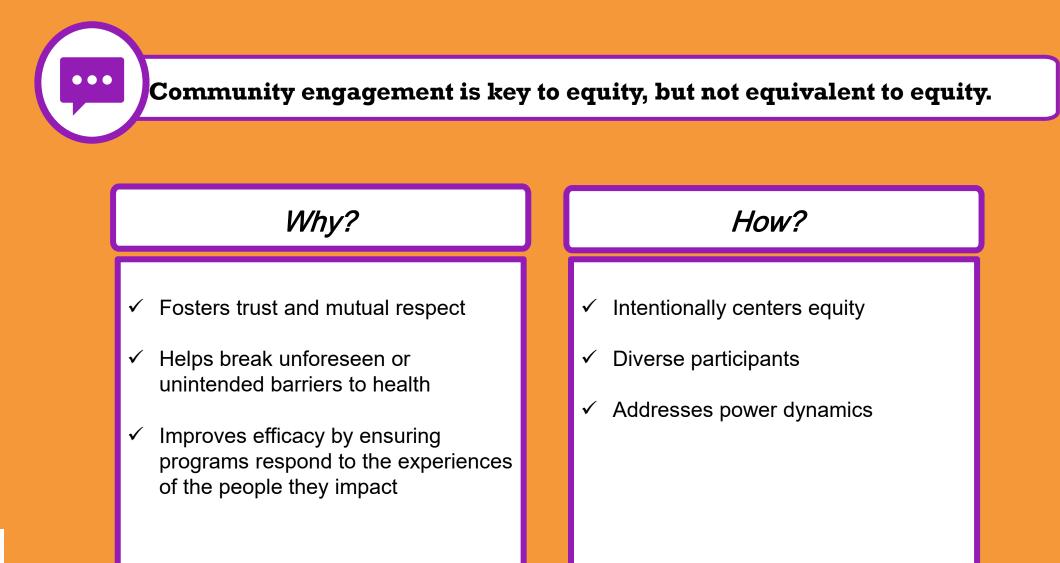
#### **Community Engagement**

#### Outreach

Collaborative processes between organizations/institutions and communities impacted by their policies, programs, or practices to influence decisions and actions through the mutually beneficial and bidirectional exchange of resources, expertise, and information. Activities and processes related to raising awareness, disseminating information, or training external partners to connect their constituents or members with a service, program, or information (e.g., Medicaid enrollment services). Outreach is more onesided, with a goal of conveying clear messages across diverse populations. Effective outreach is a part of strategic communication

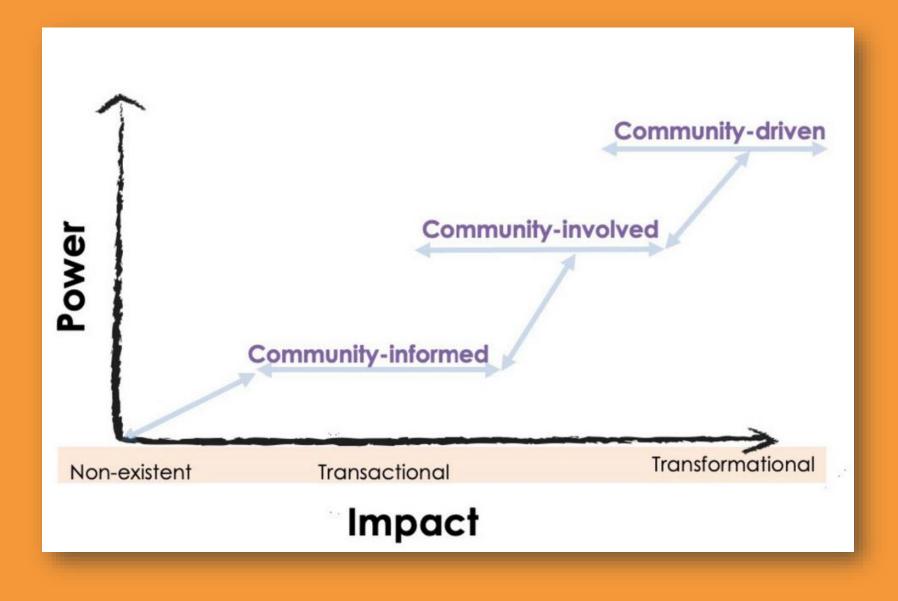


## **Community Engagement & Health Equity**





## The Spectrum of Engagement





### **From Transactional to Transformational**

ansactional Community Engagement

- Engages communities through commentary on near-final products or narrow questions that are often characterized by single interactions
- Results in superficial changes to a policy or program that fails to meet community needs
- ✓ Few resources are required
- Results in minimal learning for the state
- Can cause fatigue among community partners and advocates, and devalues the feedback obtained

nsformational Community Engagement

- ✓ Forms sustainable relationships
- Operates with transparency
- Results in changes to policies and/or practices
- Engagement includes, but is not limited to, participants learning how their input was or was not incorporated and why
- Requires time, organizational commitment, resources, and readiness



## **Understanding Impact**



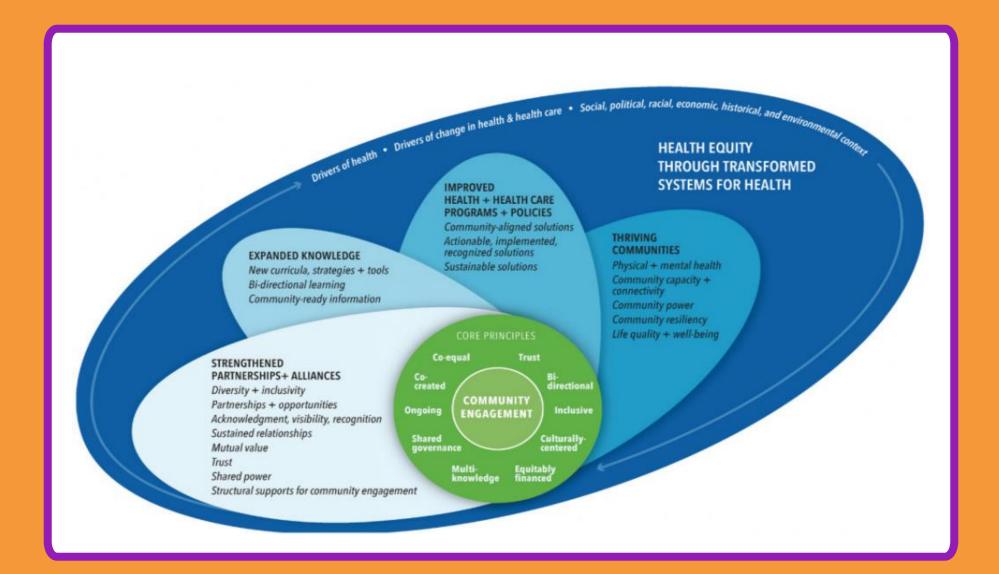


## **Understanding Power**

Minimal Power Sharing:	<ul> <li>✓ Ignores differences in power</li> <li>✓ Addressing power is beyond the engagement's scope of purpose</li> <li>✓ Otherwise known as community outreach</li> </ul>
Some Power Sharing:	<ul> <li>✓ Recognizes power dynamics without fully addressing them</li> <li>✓ The agency works with communities and trusted messengers to align the needs of the community</li> <li>✓ Community knowledge and expertise is recognized</li> </ul>
Maximal Power Sharing:	<ul> <li>✓ Acknowledges traditional power dynamics by enacting processes to diminish power imbalances</li> <li>✓ Community voices are recognized, treated as experts and lead the agenda</li> <li>✓ Community members collaborate to form ideas and prioritize issues</li> </ul>

HEALTH EQUITY SOLUTIONS

### **Planning and Evaluation**





## **SHVS Resources**

For more information on transformational community engagement, see two recently published issue briefs:

<u>Transformational Community Engagement to Advance Health Equity</u>
 <u>State Examples of Medicaid Community Engagement Strategies: Two Case Studies</u>





HEALTH EQUITY SOLUTIONS

## Discussion: Small Groups

Count Off!



- What are you currently doing?
- What would you like to see incorporated
- How are you assessing equity?



#### Strategies and Tactics: Strengthened Partnerships and Alliance

 Recognizing participants' time and expertise

 ✓ Creating spaces exclusively for people with lived experience

- Consider who is and is not "at the table" and reach out to communities that are not represented including consideration of intersecting identities
- Clearly communicate that community voice is valued

**Tactics:** 



Strategies:

#### **Strategies and Tactics: Expanded Knowledge**

- ✓ Consider cultural and language access when sharing information—who delivers the information and how is it delivered?
- Recognize communities as experts on their own needs and acknowledge learning is bidirectional

- Collaborate with community members to establish goals and track progress both in re: engagement AND programmatic change
- Embed multi-directional knowledge building into engagement and ensure participants have the resources they need to comfortably participate, especially in spaces with other stakeholders



#### Strategies and Tactics: Improve Health and Health Care Systems Knowledge

 ✓ Invite community to identify and define problems and work cooperatively to define and evaluate success

 ✓ Identify gaps in program delivery

- Require all staff to participate in cultural humility training and create a culture of openness and learning
- ✓ Publicly track the impact of community input, even when not used

**Tactics**:



Strategies:

#### **Strategies and Tactics: Thriving Communities**

Strategies:

- ✓ Collect demographic data, including detailed REL, SOGI, and disability data
- ✓ Share power and resources with communities vs. simply acknowledging community power and expertise
- Ensure assessment considers what success looks like from both organizational and community perspectives
- Ensure community engagement results in change and communicate measurables and timebound goals to participants



# Thank you!

Ayesha R. Clarke, MSW, MPH aclarke@hesct.org Interim Executive Director Health Equity Solutions (HES) Karen Siegel, MPH ksiegel@hesct.org Director of Policy Health Equity Solutions (HES)

