

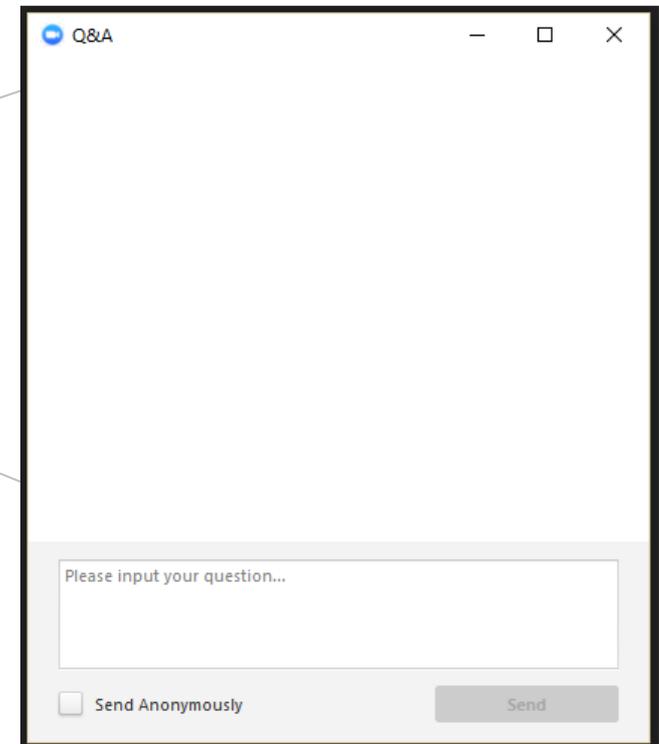
# How Health Systems can Meaningfully Partner with Community Members: Case Studies from Los Angeles and Minneapolis

March 16, 2021, 3:00-4:30 pm ET

# Questions?



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# Agenda



- Welcome and Introductions
- Community Partnership Pilot Overview
- Key Takeaways for Effective Community Engagement
- Hennepin Healthcare
- Los Angeles Department of Health Services
- Moderated Q&A

# Welcome & Introductions

# Meet Today's Presenters



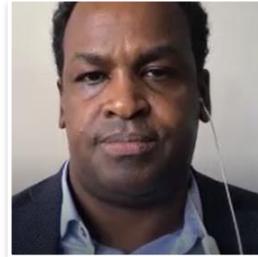
**Anna Spencer**  
Senior Program Officer  
Center for Health Care  
Strategies



**Patricia Schaffner**  
Community Health  
Programs Liaison  
Hennepin Healthcare



**Susan Mende**  
Senior Program Officer  
Robert Wood Johnson  
Foundation



**Jama Kheyre**  
Community Engagement  
Liaison  
Hennepin Healthcare



**Amy Harris**  
Director of Population  
Health  
Hennepin Healthcare



**Hilal Ibrahim**  
Community Engagement  
Liaison  
Hennepin Healthcare

# Meet Today's Presenters



**Diamond Lee**  
Associate Director of  
Regional Collaboration  
Whole Person Care, LA



**Gilbert Johnson**  
RHAC Member  
Whole Person Care, LA



**Diana Zúñiga**  
Associate Director of  
Regional Collaboration  
Whole Person Care, LA



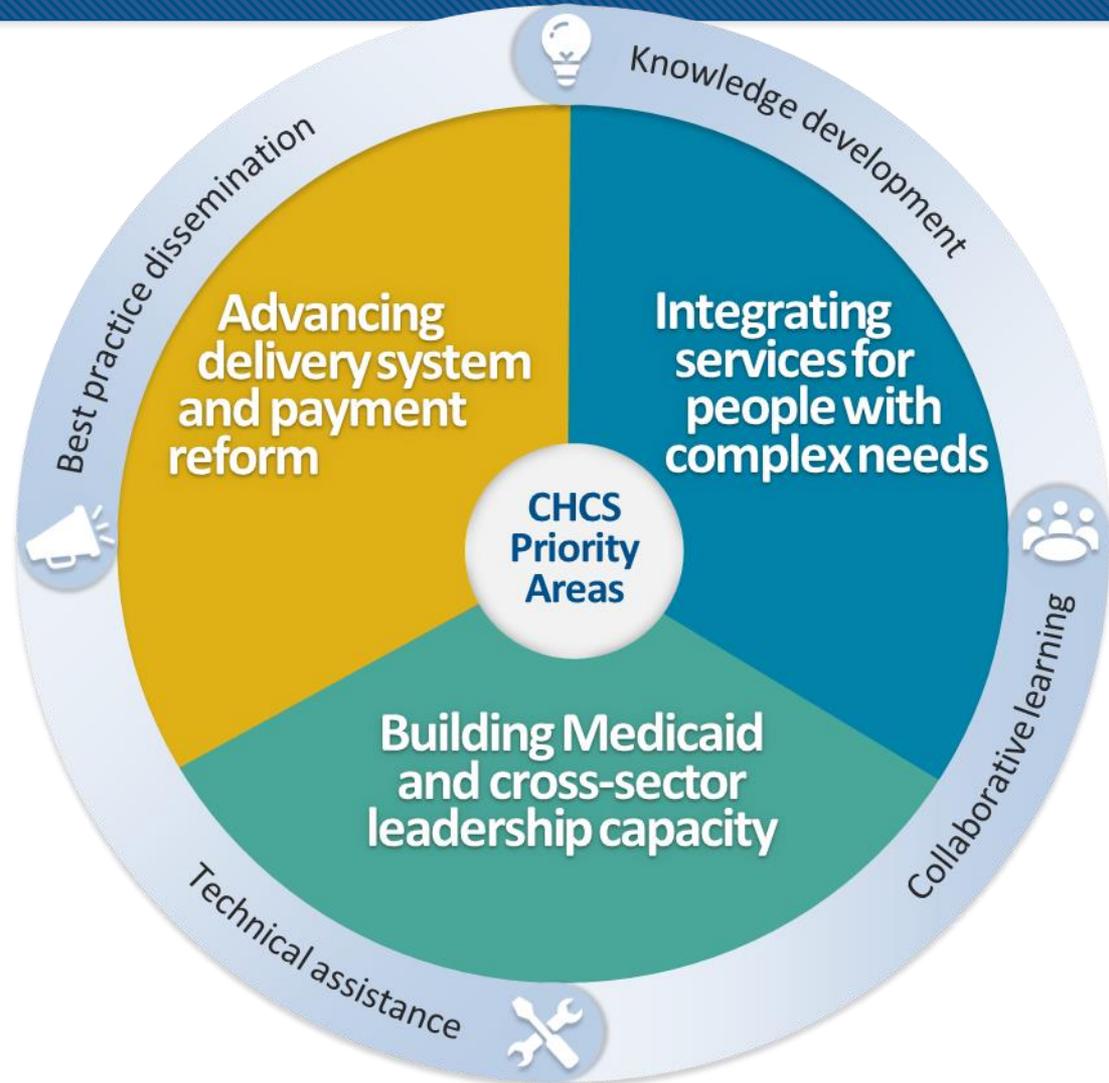
**Audrey Nuamah**  
Program Officer  
CHCS



**Sandy Arevalo**  
Reentry Health Advisory  
Collaborative Member  
Whole Person Care, LA

# About the Center for Health Care Strategies

A nonprofit policy center dedicated to improving the health of low-income Americans



# Health System-Community Partnerships



- Increasing awareness of the importance engaging with community members
  - » Essential to addressing health disparities and advancing health equity
- Systemic challenges to authentic and meaningful partnership
  - » Structural racism/power imbalances between health systems and community
  - » Lack of trust
  - » Uncertainty about how to incorporate community feedback
  - » Infrastructure to support these collaborations

# About the Community Partnership Pilot



- With funding from the Robert Wood Johnson Foundation, supporting two 18-month pilots to:
  - » Uncover best-practices for health care systems in establishing effective community partnerships
  - » Gain insights around strategies for identifying community priorities; addressing health equity challenges collectively, and co-designing/implementing cross-sector efforts to address health and social needs
- **Hennepin Healthcare:** Partnering with the foreign-born Somali population to identify and address barriers to accessing mental health services
- **Whole Person Care, Los Angeles:** Establishing a countywide Reentry Health Advisory Collaborative of formerly incarcerated individuals to provide input on the health and social care needs of reentry community

# Key Takeaways for Meaningful Community Engagement

# Key Themes



- ***Secure buy-in from organizational leadership:*** Institutionalizing and sustaining this work requires commitment from leadership.
- ***Commit to long-term relationship-building:*** Establishing relationships with community members takes time.
- ***Promote transparency and accountability:*** Articulating clearly how community input will be used supports the credibility and commitment of care/county organizations.

# Key Themes



- ***Establish a shared vision:*** Using various strategies to engage communities to collectively identify community priorities and co-designing solutions further builds trust in the process.
- ***Hire those with lived experience:*** Having this staff builds legitimacy, especially when there is the opportunity for reciprocal vulnerability.
- ***Use consensus-building to create shared power:*** Using this decision-making style allows for everyone's input to be heard.

# Key Themes



- ***Support training and capacity-building activities for community members:*** Developing the skills/capacity of community members improves personal experience.
- ***Compensate community members in an equitable way:*** Acknowledging the value of community members' time and expertise through some form of compensation is essential.
- ***Develop sustainability structures:*** Recognizing upfront that this work takes time and building out the sustainability plan from the beginning is key.

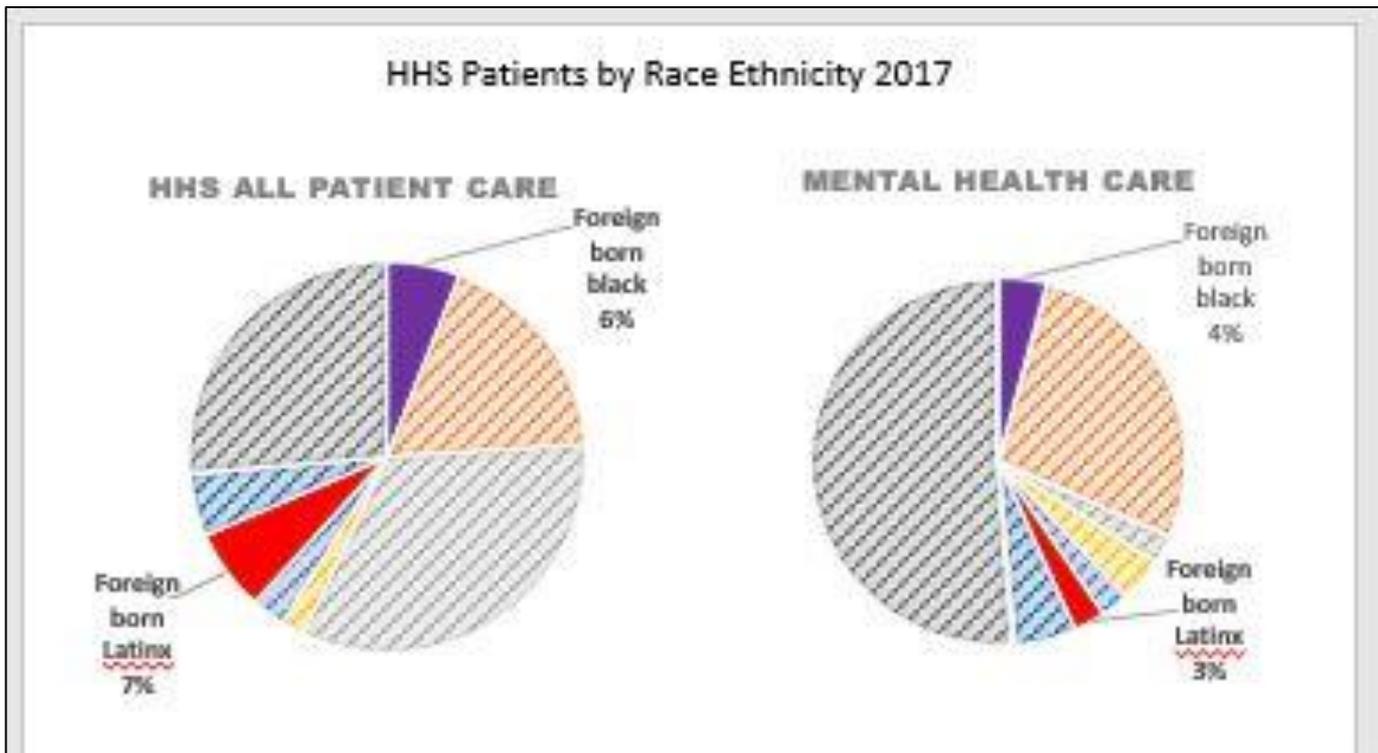
# Hennepin Healthcare: Somali Mental Health Community Partnership Project

Amy Harris, Director of Population Health

Pat Schaffner, Community Health Programs Liaison

Jama Kheyre and Hilal Ibrahim, Community Engagement Leaders

# Project Goals



Foreign born individuals seem underrepresented in mental health care at Hennepin Healthcare. **KEY question: Why?**

# Project Goals



- Team of Hennepin Healthcare and community stakeholder sought to explore issues related to barriers accessing mental health services.
- Community Partnership Program grant offered opportunity to seek deeper understanding and to co-create new approaches with community
- Human-centered Design approach selected
  - » Hennepin Healthcare had human-centered designers on staff
- Community Engagement Leaders—hired four community members
  - » Three were members of core team
  - » One was ambassador at large in the Somali community

# Project Overview and Initial Phases

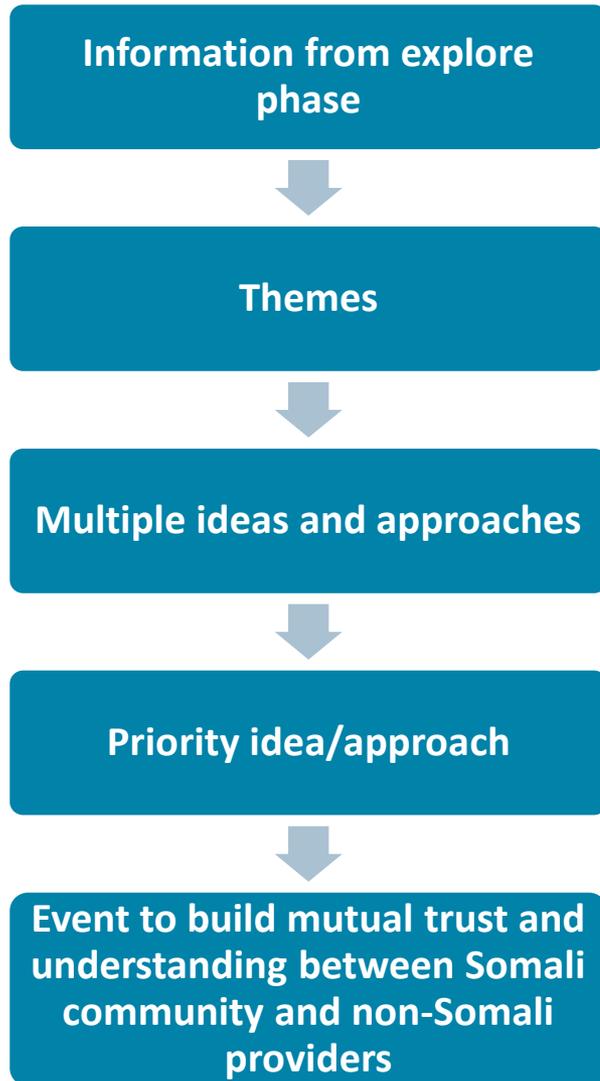
	June	July + August	September	October	November +
<b>Project Timeline</b>	<b>Phase 0: Set-up</b> Get aligned	<b>Phase 1: Explore</b> Discover community attitudes & needs	<b>Phase 2: Analyze</b> Frame opportunities	<b>Phase 3: Ideate</b> Develop ideas	<b>Phase 4: Test</b> Try out ideas and evolve



- Explore: one-on-one and small group
  - » Grounded in cultural context of mental health: beliefs, practices, available vocabulary, oral culture, and stigma

- Co-creation sessions:
  - » Larger group of stakeholders
  - » Specific co-creation activities

# Analysis and Ideation

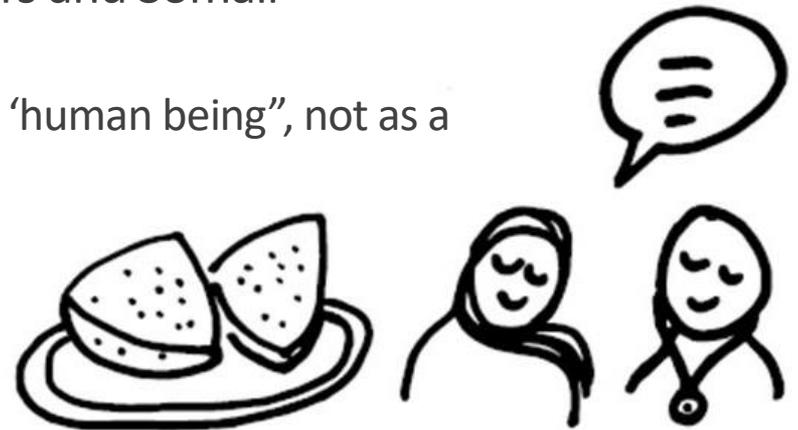


# Test (Prototype): Eat for Understanding

**Key Goal:** build trust and increase mutual understanding

**Approach:**

- Shared Somali meal and facilitated conversation
- Shared experience (short film) to set stage for conversation
- Each table includes non-Somali providers and Somali community members
  - » First name basis and everyone there as a ‘human being’, not as a professional
- Safe space and shared vulnerabilities

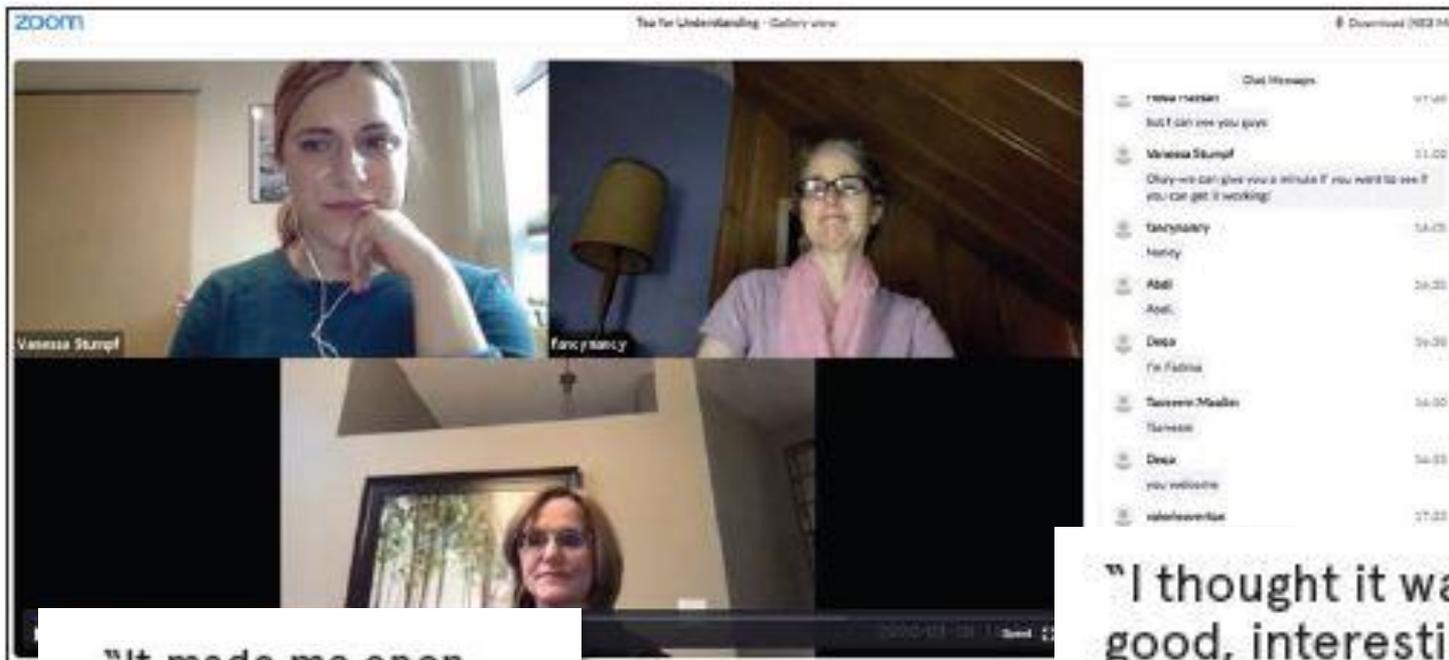




# Challenges

Challenge	Approach to Challenge
<b>Balance multiple voices with respectful compensation</b>	Being upfront from beginning
<b>Oral Tradition – impact on virtual event (Somali participants not on video)</b>	Flexibility – used voice and chat formats
<b>Potential of unintended harm (event video potential to trigger trauma)</b>	Community Engagement Leaders guiding process
<b>Turnover</b>	Remain flexible, hire new engagement leader
<b>COVID19 – impact on time line</b>	Flexibility, meeting via ZOOM, taking pause in timeline

# Key Takeaways: Impact of Tea for Understanding



"It made me open up around strangers. [I liked that] every individual shared their perception." - *Small Community Member*

"I thought it was a good, interesting sharing time. I would love to do it again." - *Lisa, Healthcare Professional*

# Key Takeaways: Impact of Eat for Understanding

“No [I haven’t done anything like this before], that’s why it was so valuable. In Medical School, someone from the community would talk at you, and maybe you break off into groups, but there was never someone from that community in the small group. That’s way less effective and doesn’t create the change that you want to see. The power of this is half of the people you’re interacting with are from that community. You are being vulnerable with someone who’s different than you.”

—**Adrian, non-Somali healthcare professional, E4U participant**

“I think the biggest way we can build trust and understanding is by connecting to communities that have historically been marginalized and misrepresented via spaces like the ones we created during the event. It was powerful.” —**E4U Somali participant**



## Keys to Success:

- Welcoming space
- Groups – half Somali, half non-Somali
- Food
- Film – to set stage
- Facilitator (Somali)
- First name only
- Culturally respectful questions
- Mutual vulnerability

# Key Takeaways: Working in Partnership with Community

**“Nothing about us without us”**

**Work happens in culturally responsive and respectful way**



**Builds trust and can lead to stronger Partnerships.**

**Increases likelihood of successful, community supported outcomes**

**Helps prevent unintended harms or traumatization.**

**Be open and adaptive to new approaches, respectful of community contribution and compensate accordingly, be mindful of the value and the risks to community members who share experiences, and commit to mutual benefit of work.**

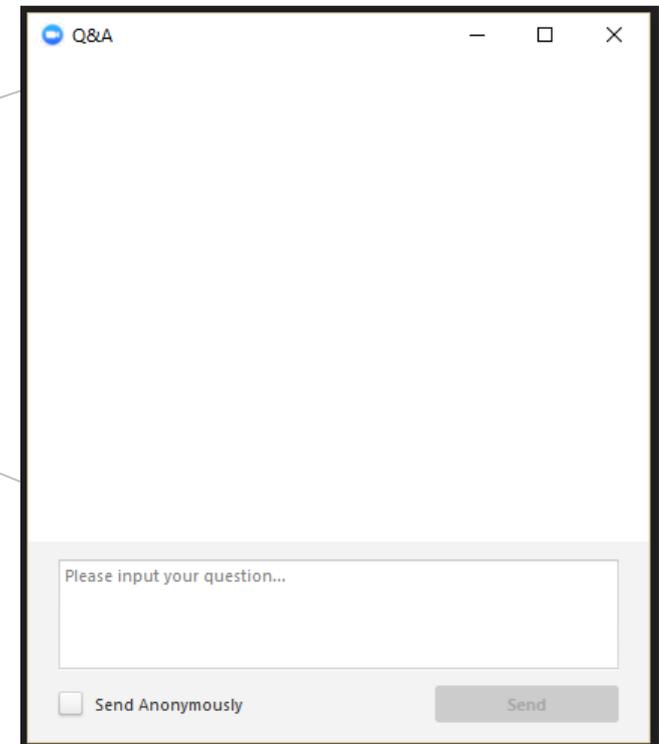
# Future Plans

- Build on Success of the prototype “Eat for Understanding”:
  - » Repeat of Eat for Understanding when it is safe to hold in-person events.
    - Community engagement leaders and Hennepin Healthcare providers and staff determine topics and structure.
- Explore other ideas that emerged during the explore phase of the project:
  - » Example: Current initiative to incorporate Muslim spiritual support into psychiatric care.
- Community engagement leaders/consultants as essential partners in other projects:
  - » Apply lessons learned from this project:
    - Multiple voices
    - Fair and respectful compensation
    - Upfront about benefits and risks

# Questions?



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# Los Angeles Department of Health Services: Reentry Health Advisory Collaborative (RHAC)

Sandy Arevalo, RHAC Member

Gilbert Johnson, RHAC Member

Diamond Lee, Associate Director of Regional Collaboration

Diana Zúñiga, Associate Director of Regional Collaboration

# Project Overview

- RHAC consists of 11 formerly incarcerated individuals. The objectives of the RHAC include:
  - » Providing real-time feedback on health care and social service needs related to the incarcerated/formerly incarcerated community;
  - » Playing an integral role in the implementation of a Countywide Alternatives to Incarceration Roadmap; and
  - » Supporting the improvement of service delivery across the county.
- Integrity, visionary, and collaboration are the values the Collaborative seeks to be guided by.
- We were fortunate to have a tremendous and incredibly talented pool of over 60 candidates that applied for the Collaborative.
- Focused on racial and geographic equity, trauma-informed and lived experience approaches in the selection process, foundational development, and sustainability process.

# RHAC Accomplishments

- COVID-19 Jail Response Feedback
- Vera Institute — Service Provider Survey and Report
- Justice LA/Care First Budget Actions
- Identified Group Agreements, Group Values, and Group Decision Making Structure
- Participatory Budgeting Workshop Series
- RHAC Bios Document
- Reduce Jail Populations Workgroup
- SMART Goals - Strategic Planning Document
- Joint Local Advisory Committee – Local Prop. 47 Meetings



# RHAC: Ongoing Projects

**Men's Central Jail Closure  
Workgroup (Racial  
Equity, Participatory  
Budgeting, and  
Community Engagement)<sup>2</sup>**

**Jail Population Reduction  
Council**

**Update on Alternative  
Crisis Responses**

**Local Initiative - Measure J  
Implementation**

# Challenges and Key Takeaways

## ■ Challenges

- » Virtual gatherings due to COVID-19
- » More opportunities and additional meetings than anticipated
- » Sustained leadership investment
- » Increasing needs and support

## ■ Key Takeaways

- » Building of connection and credibility
- » Deep historical and personal experiences
- » Sharing power and decision making
- » Impact felt across systems

# Perspectives from RHAC Members

Sandy Arevalo, RHAC Member

Gilbert Johnson, RHAC Member

# Future Plans

Sustaining the RHAC within LA County government

Analyzing RHAC impact and process to sustain the RHAC

Continue to build community with RHAC members

Continue to influence County level decision making especially in connection to Men's Central Jail Closure, Measure J, and Alternatives to Incarceration

Prioritize racial equity, community engagement and participatory budgeting

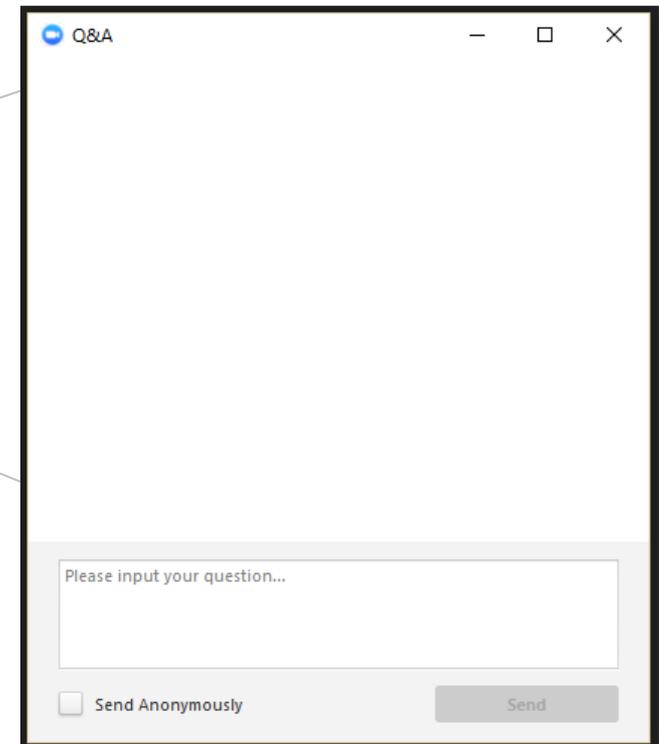
# Question & Answer



# Questions?



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