

Lessons Learned from Community Engagement

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Prepared by Children's Alliance staff, with consultation from Children's Alliance members from COFA communities
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Children's Alliance improves the well-being of children by effecting positive changes in public policies, priorities and programs. We are a statewide, membership-based organization with a 35-year track record of winning victories that change kids' and families' lives for the better in Washington state. We work on a range of issues that affect kids' lives including health, nutrition and food security, and early learning. Our work is rooted in our commitment to racial equity — both in what issues we choose to work on and how we approach advocacy. Learn more about our work, values, and approach at our website www.childrensalliance.org.

Children's Alliance Multi-year Collaboration with Washingtonians from Nations with Compacts of Free Association (COFA) with the United States

On March 21, 2018, Governor Jay Inslee signed Washington State [Senate Bill 5683](#) into law, surrounded by community advocates and elders from across Washington state. The new law creates a health coverage program to dramatically improve access to health care for Washingtonians from three Pacific Island nations: The Republic of the Marshall Is-

Children's Alliance member and advocate for her Marshallese community Jiji Jally shakes Governor Jay Inslee's hand moments after he signed SB 5683 in March, 2018. The signing ceremony was held in the State Reception Room in the



Legislative Building to accommodate the 75+ attendees. People traveled from across the state to attend. The ceremony was interpreted in Marshallese, and included music and gifts from the community. Children's Alliance leveraged our relationships with the Governor's office to facilitate the planning of an event that reflected the communities' culture and wishes, rather than simply replicating a standard bill signing event. We used financial resources to make it possible for people to attend from around the state.

lands, Republic of Palau, and Federated States of Micronesia. That beautiful day at the State Capitol was made possible through 8 years of relationship building, organizing, and collaborative advocacy with health advocates, elected officials and advocates in the diverse Washington State Pacific Islander communities.

Children's Alliance's work on this health equity issue grew out of a prior five-year campaign to restore recession-era cuts to the State Food Assistance Program (SFA). Through analyzing data about who would be impacted by reductions

to State Food Assistance, we learned that Washingtonians from the Marshall Islands, as well as the other COFA nations were uniquely impacted by the cut. These three nations have unique Compacts of Free Association (COFA) with the United States. The compacts are based on current and historic strategic U.S. military interests. People from COFA nations have a unique status. They can travel to, live, and work freely in the United States. People from COFA nations serve in every branch of the United States military. They pay taxes and reside in the country legally, but are barred from most federal benefits including food stamps and Medicaid.



Families in Spokane gathered to learn about the proposed cut to State Food Assistance and write advocacy messages to state lawmakers in 2010. This was one of our first community meetings. Meetings like this were made possible through building relationships with individuals who already had networks and credibility in their communities.

We built those relationships through one on one meetings, by listening, and by offering reliable, useful, accessible information about the policy and budget issues, process, and advocacy opportunities. This meeting was largely organized by Yuriko Jack, who at the time was a Marshallese Bilingual Specialist in the Spokane School District. Linda Stone, Children’s Alliance Food Policy Director, provided a briefing to explain the issues and advocacy opportunities. Other meetings followed over the years in Spokane and Auburn.

As we built relationships with new Children’s Alliance members who joined with our work through the campaign to restore food assistance, we learned about the serious health issues the community was facing. We learned about disparities including high rates of cancer and lack of access to routine and preventive care. We learned about the impacts on children when the adults in their lives could not get the care they needed. After the long-awaited victory in the State Food Assistance campaign in 2015, we sustained relationships with the members and leaders who came to the organization through the campaign. When the opportunity arose to pursue a new health equity campaign to address the health disparities affecting the COFA community, Children’s Alliance was ready.

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

Our community engagement approach was flexible and responsive and included:

- One-on-one meetings with individuals.
- Community meetings at accessible locations and times. Our meetings were welcoming to families and included food. Meetings provided a chance for information sharing, planning, and training.
- Small group advocacy visits (between community members and policymakers) to Olympia and in districts, which also included time for information sharing, role plays, training, and reflection.
- Regular updates and consultation via phone, email, text, and social media with active leaders.
- Recruiting COFA community members for training and leadership opportunities, provided by Children’s Alliance and other organizations, and providing logistical and financial support.
- Consultation and collaboration on policy, messaging and strategy decisions.
- Celebrating progress and successes.

Our approach was shaped by both geography and identity. Pacific Islander Washingtonians from COFA nations are diverse in terms of culture, nationality, and language. Our relationships have been strongest with parts of the Marshallese community in Washington, with growing connections with people from islands in the Federated States of Micronesia. It was and is important for us to recognize that our relationships do not extend to all individuals or identities with the communities of people from COFA nations in Washington state, and to always seek to grow our connections to reach the diverse communities. Marshallese and other COFA communities are concentrated in specific cities and regions of the state (90 percent of the population is in six counties), so our work is also localized and focused in those communities.

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

The State Food Assistance campaign arose to right a wrong. In that campaign we did not develop a policy. In contrast, the Pacific Islander Health Equity bill was a new policy. The original bill was modeled after similar legislation in Oregon championed by COFA communities there. When Children’s Alliance prioritized the issue for our [2018 legislative agenda](#), we committed to collaborate with community members in policy development. We reached out to Children’s Alliance members from COFA nations who play important roles in their communities. We shared the details of the legislation as it had been proposed and provided orientation about the process of securing amendments. We then adopted shared



Community members posed with Representative Marcus Riccelli (D-Spokane) at Children’s Alliance Have a Heart for Kids Day at the WA State Capitol on February 7, 2018. The day includes training, workshops, a rally and meetings with lawmakers. More than 100 Washingtonians from the Marshall Islands and Federated States of Micronesia came to Have a Heart for Kids Day. The health bill passed the Senate that same day.

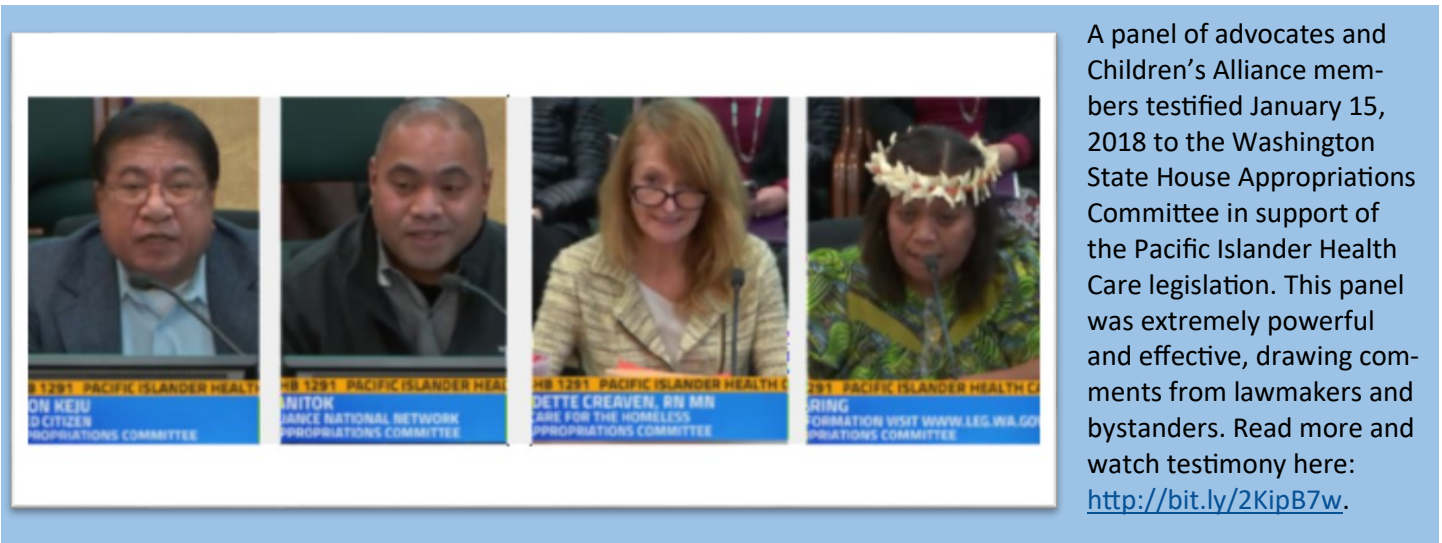
priorities in several aspects of the policy. The result was a successful amendment to the bill to improve both the program and the inclusion of the community in implementation. We also relied on the expertise of organizational partners within Asian Pacific Islander and COFA communities. They helped ensure that our staff had access to timely, accurate information about policy and history. Those partners included, among others, the [Asian Pacific Islander American Health Forum](#), [COFA Alliance National Network](#) and the [WA State Commission on Asian Pacific American Affairs](#). We are now co-participating with the COFA community on the implementation of Washington’s new COFA Islander Health Care program, with dedicated staff time and resources allocated to this project, including subcontracts with community members.

How have you addressed systemic inequities that affect health as part of your community engagement work?

We worked to address systemic and structural inequities in multiple aspects of the campaign, and we continue to do so. The legislation makes a structural change to Washington state health policy via no-cost health coverage for thou-

sands of people. It also requires the inclusion of people directly affected by the policy in its implementation.

No one policy change can undo racial inequities in health care and health outcomes. Each campaign should help build a stronger movement for equity. And effective movements are rooted in the leadership and expertise of people directly impacted by the harms of racism. Over eight years, many leaders played a part in advancing both the State Food Assistance and the health equity campaigns, and deepened their leadership and expertise in the process. These leaders are now working to create a statewide organization of Washingtonians from COFA nations. Children’s Alliance is playing a supportive role in this effort, along with other allies. We see its success as important to the endurance of our policy wins and the long-term well-being of the community.



What about your organization’s way of working has made you successful? How has your organizational culture or structure changed to allow for authentic community relationships?

Children’s Alliance came to this campaign with several values and practices that helped us be successful. We also learned lessons and adapted through the campaign, and we are better equipped to partner with communities as a result.

Children’s Alliance has a value of working alongside and collaboratively with those who are most deeply impacted by the policy issues we work to address. That value is rooted in our commitment to racial equity, and the principles of undoing institutional racism—both of which are embraced by our Board of Directors. Putting values into practice is an ongoing process. Some specific elements of our approach helped us be successful, including:

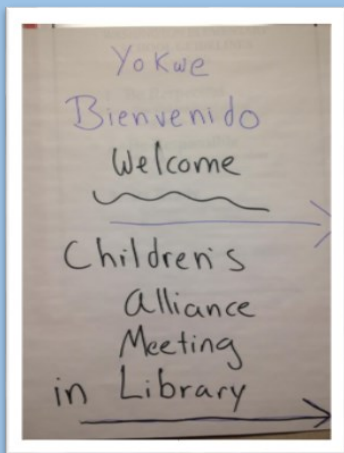
- We respect and support communities’ own approaches to organizing and advocating. We adapt our approach to reflect the communities’ approaches – within the limitations of statewide public advocacy. Three examples include 1) pushing back on timelines to allow for community consultation and consideration, and 2) bringing lawmakers into communities for meetings at schools or community centers, rather than only at the Capitol or formal offices, and 3) advocating for interactions with state government—such as the ceremonial bill signing in March 2018—that reflect the values of the COFA community.
- We commit to sharing financial resources to support participation in advocacy. This includes translation, interpretation, transportation, and child care costs. We expanded this practice to support the work of leaders in communities (via subcontracts) to mobilize their communities.
- We balance holding a long view with the time-pressure and timelines of the legislative process. We both push back on time pressures when possible and give community members a heads up about when decisions might need

to be made quickly, so they can plan accordingly.

- We have a long-standing commitment to leadership development and training. We hold an annual three-day leadership and advocacy training called Advocacy Camp. We offer shorter trainings by request, and we incorporate training and leadership support into all our advocacy activities—from our lobby day in Olympia to one-on-one support.
- We build relationships with communities and members across multiple individuals and teams in the organization. This helps build knowledge within the organization and sustain relationships across campaigns and staff transitions. We strengthened this practice through this campaign.

What have been your most significant obstacles, challenges, missteps?

One critical learning was around the importance of consultation and collaboration in development of messaging and communications. With community members, we incorporated the story of Cold War United States nuclear testing in the Marshall Islands, and the accompanying damaging and painful environmental, health, and social consequences, into our communications. Educating lawmakers and the public about the nuclear history increased support for the health legislation. At our lobby day we had agreed that Children’s Alliance would hire a videographer to do interviews, and edit those interviews into short pieces for social media. We shared first drafts of the videos with the people in them, as well as with other community members for review. We learned that some of the way the stories were framed and edited could have unintended consequences. For example, a primary focus on the terrible impacts of the U.S. nuclear testing could create a narrow and incomplete public perception of Marshallese people in the United States. Experiences of people in the Republic of the Marshall Islands were and are diverse. We heard that the video risked portraying the community only as damaged, or uniformly harmed, which was contrary to some of the community’s interests.



Children’s Alliance members discuss their health and community concerns with Sen. Joe Fain (R-Auburn). We held meetings in the community to give updates, consult about advocacy and policy, and bring concerns directly to lawmakers.

In response, we took the feedback and worked with the editor to recut the videos. We shifted toward stronger frame of resilience and health equity. We shared the new versions with the same group of people, and with the community decided to release one video. [That video was very effective, gaining about 10,000 views.](#) We incorporated our learning into other messaging, and shared it with lawmakers who were making public statements, as their communications have an effect on public perception.

Another lesson was about the importance of transparency and clarity regarding resources. The campaign benefited from having resources from Pacific Hospital PDA to support community-led efforts. Children’s Alliance secured funding prior to putting the issue on our legislative agenda. We listened to community members about spending priorities, and we learned it is helpful to be clear early in planning about how much financial or logistical support we could provide to different advocacy activities, so that leaders—who juggle many demands on their time as well as the expectations of

their own communities—can make plans and effectively engage their networks.

What changes have you seen that give you hope for a future that is more equitable?

This campaign is a powerful story of the change we can make together. It is a testament to how a statewide, long-established advocacy organization like Children’s Alliance can partner with grassroots communities in a way that makes both groups stronger. It speaks to the power of focusing as well as endurance. Collaboration, shared advocacy, and shared leadership are crucial to building movements and organizations that can endure, adapt, and win real victories that transform systemic inequities.

We take hope from the lessons we have learned, the process of change we have observed in ourselves, in our members, and in lawmakers, and the victories we won together. In this time of attacks on immigrants and people of color, we succeeded together in expanding access to health care for a segment of the Pacific Islander community who have too been long denied the care we all need to be healthy and thrive. That gives us hope.