Healthy Living Collaborative of Southwest Washington
Working together to make living better - for everyone.

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

The Healthy Living Collaborative (HLC) was founded in 2013 by system leaders from multiple sectors including healthcare, social services, education, housing and a tribal nation and serves the counties of Clark, Cowlitz, Skamania, and Wahkiakum. At the core of the HLC's work is the belief that 1) we best serve our most vulnerable communities if we work together and 2) our work must be done with communities, not to or for them. As a commitment to community engagement, the HLC launched a network of neighborhood-based Community Health Workers (CHWs) in 2014. HLC is committed to engaging, convening, and maintaining relationships across our 4-county region, maintaining and cultivating relationships with community partners dedicating to addressing health equity, and ensuring that community members from our most underserved and poverty-affected communities are both represented and able to convene and reach members of their community most affected by health inequities. The HLC's decision-making body consists of a committee with representation from sector partners, community members and Community Health Workers. The HLC Committee reviews feedback from CHW teams, HLC staff, and policy committee members, using their background and expertise in their field and lens of health equity to steer policy and programmatic decisions to move HLC's work forward. The HLC focuses on promoting health equity by crafting upstream solutions that support community-based initiatives to improve health and wellness and strengthen families, neighborhoods, and systems.

The HLC's four pillars of work include: 1) health in all policies and systems; 2) shared learning; 3) connections across diverse organizations and communities; and 4) community engagement and action. The HLC engages, convenes, and maintains relationships with our communities in the region through these 4 pillars of work and through constant outreach and engagement with community partners and community members in the region.

Our policy work is carried out by a committed team of cross sector partners, community members well as CHWs who serve and represent historically marginalized and vulnerable geographic and cultural communities. Our policy committee meets once per month and engages the broader collaborative, CHW teams, and their own organizations and communities in helping to define and prioritize policy advocacy areas at the local and state level. The committee formally engages and convenes these groups at least twice a year, however HLC staff and committee members informally connect with their organizations and CHW teams on a regular basis through community events and trainings.

Our quarterly meetings and equity trainings have provided an opportunity for shared learning and connections- for diverse partners across the region to convene, learn from one another, and to engage in new and innovative ways to work across similarities and differences and to work to change status-quo methods of outreach and engagement to better address barriers to health and wellness.

The HLC directly supports neighborhood-based CHWs who work directly with their neighbors to address the consequences of multi-generational racial, economic, social, and health inequities. CHWs help identify and address basic needs, connect neighbors to one another and to service providers, and improve community health by activating capacity and empowering local action. They amplify the voices of their vulnerable and marginalized neighbors and ensure that the HLC's strategies and advocacy platform is designed and carried out in response to community wisdom. CHW teams and HLC staff outreach regularly in the community with individual neighbors, community partners (such as schools, faith communities, community-based organizations, and health and housing systems), and through community events to assess the needs in the community and obstacles to marginalized communities and needed solutions. CHWs

bring issues and solutions back to policy committee and take action at the local and state level through policy change. CHWs work within and in the community to understand service gaps and policy and system barriers to healthy choices and supportive social environments.

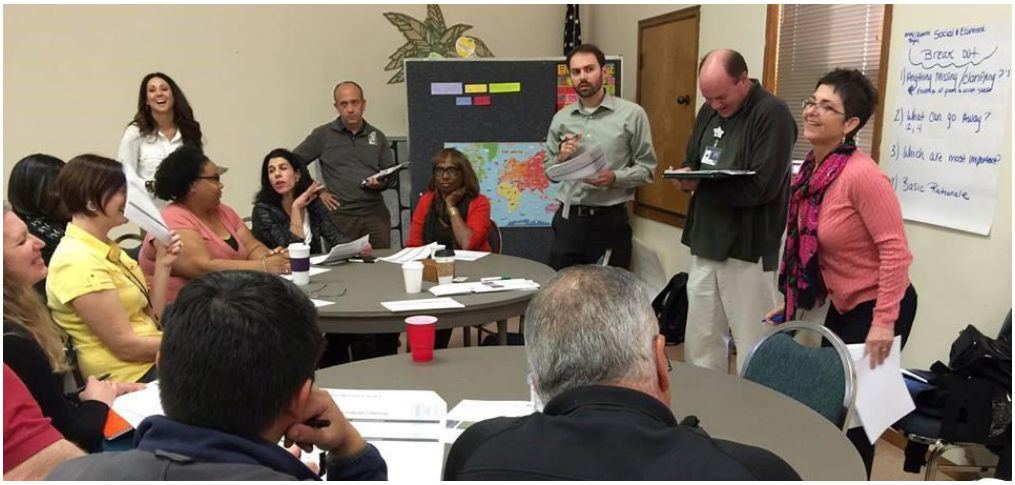


Photo: HLC working to set a Policy agenda at a collaborative meeting, 2015

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

The HLC has co-designed and co-created solutions with the communities we serve by investing in our community through our neighborhood-based Community Health Workers and supporting the networking and relationships of our community partners, CHWs, and peers. We convene these stakeholders in a variety of ways, through our policy committee, HLC quarterly meetings, and through the HLC committee- doing our best to connect with organizational partners and CHW teams in between meetings in order to assess the current environment, hear community needs and concerns, and connect those needs to momentum building around community-identified solutions.

The HLC has found that the most effective ways to co-design and co-create solutions with the community include: taking the time to build trust in the community through relationship building with organizations, community groups, churches, schools, CHWs, and peers; finding as many opportunities as possible for CHWs, community members, and peers to connect with HLC partners and HLC leadership; and creating opportunities for inclusive, comfortable discussion across organizations, disciplines, cultures, and languages. HLC has moved from having little to no community member participation in policy committee, to CHW and community representation in policy committee, to policy committee members and CHW representatives continuously going back to the CHW teams and broader community for input. HLC staff and leadership see great opportunity to build on the work we've been doing. Our work is evolving to strategically incorporate all aspects of our work and having CHW's community work and informal and formal assessments provide the data to inform policy priorities and policy committee efforts.

The HLC has found success in bringing partners to the HLC from a wide-range of sectors and we have had much success bringing community and CHWs directly into the work through participation on our committees and attendance at meetings. We have also begun to strategically bring partners out to the community to community and CHW meetings, including policy committee members prior to setting the

policy agenda and our partners at the Accountable Community of Health as they begin the important work of implementing healthcare transformation projects. This relationship building has taken time and we have found that setting regular meetings, using engagement tools such as popular education, which can break down traditional power dynamics, and ensuring effective communication is key to ensuring that solutions are coming from the community most affected by health disparities.

In learning from our challenges and successes, we have found the need to ensure we have the capacity to convene all of our partners and support the community. We have found a need to work more closely with all our partners to leverage resources to support our community-based work and we hired a Program Manager in the fall of 2017 to support those efforts. We are seeing a need to continue to enhance our skills in bringing the gap between systems partners and community members, addressing power differentials, how committees are structured, how comfortable people are with the processes we use. We are working to make HLC committee and policy committee more comfortable and inclusive and building on what has worked with the teams we lead and what hasn't. We have received feedback from partners and community members that bringing more interactive popular-education style, small-group discussion, and creating time for relationship building and connection building has led to better community-driven design of our policy work and general direction. We also are working to ensure that HLC leadership who are working in organizations and systems go out to the community and partner with our CHWs to really connect with CHWs and the needs of the community. We see that systems representatives are learning that they are not trusted community members and seeing them step back and ask for community input before making decisions.

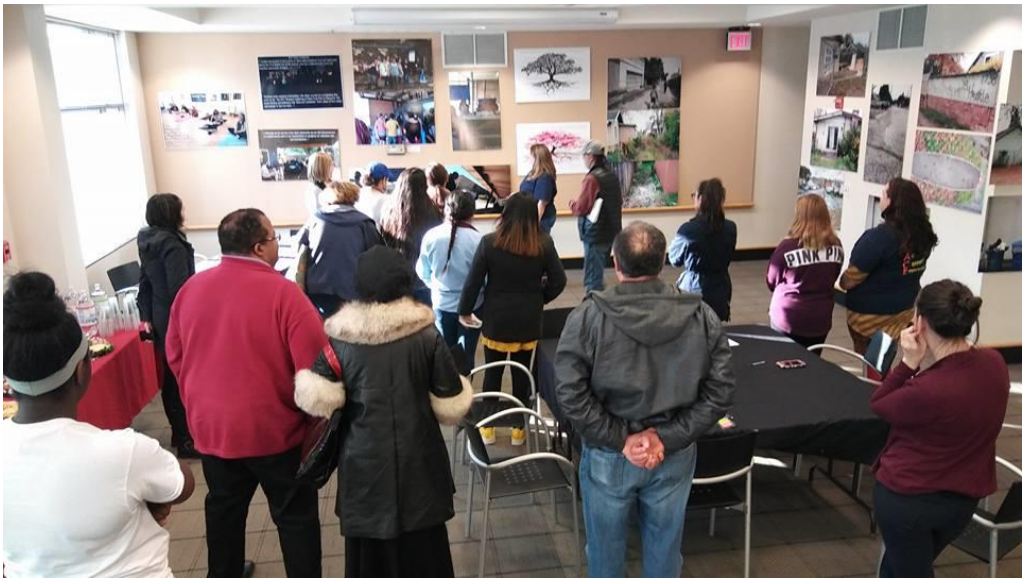


Photo: South Kelso Community Health Advocate presents PhotoVoice project describing needs for and solutions to addressing health equity (2017)

3. How have you addressed systematic inequities that affect health (such as power differentials or racism) as part of your community engagement work?

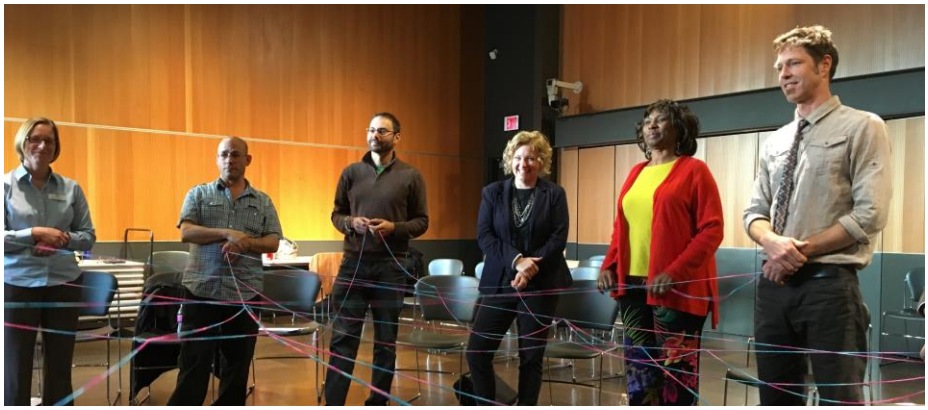
As we embarked on the work of collaboratively working to address health equity, we found we had to start with training and education and providing a historical context for health disparities to our organizational

partners. We realized that many of our partners had a lack of understanding of the context of health disparities and the reasons why there is mistrust of systems in the community.

Creating spaces to learn about health equity has happened in a lot of different ways. For the past several years, we have provided basic training to community partners on racial inequities and co-created an equity framework. In the past year, we realized it is critical to have equity lens as we make decisions. Currently, the HLC is trialing equity lens tool from the Center for Equity and Inclusion with HLC committees with the goal of expanding the tool to the whole collaborative before working on our annual policy agenda in November. The collaborative will be doing education on this tool to provide it for the whole collaborative in July. The HLC Committee has reviewed and is working to implement it, including for HLC internal operations.

Our CHW teams have also worked hard to embody values that address inequities such as power differentials and racism and other forms of historical oppression. Having HLC staff at full capacity dedicated to the teams has allowed the teams to build participatory processes that allow all team voices to be heard, as well as developing recruitment strategies and team processes that bring CHW representing marginalized populations who have a foundational understanding and ethics around equity and an ability to learn and grow in the work. The HLC's South Kelso team particularly addressed the racism being experienced in their community by partnering with a grassroots nonprofit to do a community needs assessment through PhotoVoice and working in partnership with the local high school to address issues around systemic racism. As outlined in the HLC's equity strategic framework, many CHWs have expanded their training in equity issues- primarily around race, but also around LGBTQ and gender issues- with several expanding their ally experience with trainings such as the White Ally Toolkit, advocacy through PhotoVoice, and helping to organize outreach and workshops around immigrant rights and safety.

We see many opportunities to expand on this work and go beyond training, to connect the community work to partners that are also expanding their advocacy and ally tools to better breakdown systemic oppression.



HLC Equity Training 2016

4. 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? Include examples of how your staff and your board (if relevant) contributed to the culture and values that enabled your success.

The HLC's implementation of neighborhood-based projects within specific neighborhoods facing significant health disparities allowed the HLC to identify people in the community to become Community Health Workers (CHW's) who have the relationships, understand the community in which they live and serve, speak the same language, have similar life experiences and culture. CHWs have are able to act as the eyes and ears of the community, through their strong connects with community members. CHWs have increased their leadership considerably over the years, actively participating in policy committee and other advocacy opportunities, moving into positions in organizations directly serving community members or advocating for marginalized communities, and gaining professional development opportunities and returning to school. Our CHWs who meet with legislators and testify at the local and state level have been the HLC's most effective champions to push initiatives and legislations forward which benefits the most underserved in our community.

HLC staff have seen a norms-change and cultural change around community engagement with partners which we credit to the relationships built with community as active decision makers and leaders. We have seen system and organizational partners acknowledging when representation is missing and wanting to take a step back to ensure they do more outreach and engagement- something that wasn't as common four years ago. We have also seen much more awareness of the tokenism that has been prevalent in SW Washington for some time. We have seen organizational and systems partners relying less on just bringing in individuals or only some people to speak for a whole group and working more toward intentional community engagement.

Our equity trainings have also been a very successful initiative that is being built on. At the organizational level, we have seen several organizational partners who have gotten very involved in the equity trainings which has caused them to think through their individual community engagement approached. Lower Columbia CAP for example, started with our equity training, brought our equity trainer to training and assess their organization, and then brought lessons learned to the Washington state community action program, working to bring in equity training state-wide.

5. What have been your most significant challenges, obstacles, and missteps? We know that we can learn as much from setbacks as we can from successes, so please don't hold back! (If you are concerned about sharing challenges publicly, just let us know and we will omit your response to this question from the version we share publicly.)

Truly integrating our community partners and CHWs have been difficult and has involved a lot of learning. Power differentials are real and take time and intentionality to break down. Trust takes a long time to develop and can be broken down very quickly. We are still working to better and more intentionally bring systems and organizational partners and CHW work together to address community issues and work on solutions. There are a lot of power differentials and mistrust between systems and organizations and community members who have been underserved or mistreated by systems. Ensuring that: 1) leadership of HLC (policy and HLC committee) and fiscal sponsor partners (Southwest Washington Accountable Community of Health) come to the community to listen directly to them; and 2) better integrating HLC staff working at every level as well as HLC leadership and partners to work as a team with community, are components that the collaborative needs to improve on in order to more effectively do our work

While a strength of cross-sector partnerships and working across a broad region has provided many opportunities to enact change and better advocate for improving policies and systems, it is very difficult when, as a collaborative we have multiple focuses, multiple demographics (cultural, age, urban/rural, etc.) and only a few staff and the HLC ends up being spread too thin in program and policy work. It has also been

very difficult to provide the proper organizational and social infrastructure for grass-roots work at the community level when much of HLC's work is working so far upstream on policy and systems change work. Community members who are actively involved in HLC are generally most affected by the issues we are trying to address such as poverty, discrimination, and low access to services. With in-kind support from public health, and then later, full time dedicated staff to support CHW work, we found it to be limiting without more direct support from community-based organizations who provide resources, trauma-informed approaches, more community-focused advocacy opportunities, and trainings and services. Thus, we are embarking on establishing more formal partnerships with community-based organizations and social service providers who can help provide support to, and help recruit and sustain CHWs and the CHW workforce.

6. What changes have you seen that give you hope about a future that is more equitable?

As mentioned above, seeing HLC partners addressing and speaking up about equity issues is a huge change that gives us hope. We have seen norms change in the questions people are asking- bringing up who is and who is not at the table and who and how decisions are made. We are also seeing networks being built, expanding on HLC's work, to address injustices. For example, we have seen Safe Space meetings for immigrant rights expand and partners regularly stepping up to support the work as well as networks expanding across the region to address immigrant rights and racial prejudice.

We now regularly see community partners at meeting telling other community partners to talk to community health workers and valuing and honoring their expertise. Recently a CHW Dominique was asked directly by one of our state senators to testify on a bill she was endorsing. Thus, we are seeing leaders at all levels understanding their limitations and the need to change the status quo in order to redistribute or reevaluate how services and resources have traditionally been implemented or given out.