

**Launching a New Era for Community Health and Wellness
Presentation Submitted to the Group Health Foundation
July 13, 2018**

Background and History

Seattle Children’s Odessa Brown Children’s Clinic (OBCC) was established a half century ago by a community’s voice, our unwavering commitment, and passionate promotion from caring, influential supporters. OBCC is an enduring community partner with a dedication to promoting quality pediatric care, family advocacy, health collaboration, mentoring and education in a culturally relevant context. As part of Seattle Children’s Hospital and as a long-standing institution in Seattle’s Central District since 1970, OBCC has been strategically resourced and located to promote wellness, address pediatric illness and support families in a vibrant but underserved community.

Today, Seattle Children’s is poised to ramp up our investment in helping children become their healthiest, happiest and best selves, throughout their youth and on into adulthood. We will continue serving kids at our original location and we are excited to build a larger clinic in South Seattle, making our services more accessible to families who have moved South King County and beyond due to the lack of affordable housing in the urban core. We are developing an improved model of care that promises greater health equity and better outcomes for children living in poverty.

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

We at OBCC is on a journey with the children, families and communities we serve. It is our intention to “show up” with humility and deep respect when we are invited to engage with communities. Over the years, and through trial and error, we have learned that our role is not as subject matter experts. Community members know more clearly what is at stake, what is needed and what would work to improve the lives of children than we do. What we can be are good listeners, trusted partners and effective advocates.

Our community informed process has 7 pillars:



- Be humble, seek to understand and listen
- Partner authentically and respectfully
- Seek ways to co-create and share decision making
- Promote active engagement, equity and social justice
- Build on strengths and assets
- Eliminate disparities
- Develop mutually beneficial and sustainable relationships

Our approach to community voice and engagement is grounded in and informed by “deeply listening,” an equity and social justice lens, and a commitment to utilizing different levels of engagement along a continuum from informing to collaboration.¹ We engage our community through community meeting, interviews, focus groups and surveys, regularly scheduled town hall meetings, forums, partnerships and community led participatory research.

Below are concrete examples of how we inform, consult and involve, and collaborate and work as partners with community members.

Inform – OBCC is committed to sharing information as frequently as possible, ensuring effective community outreach, welcoming and encouraging feedback and being transparent in how feedback will be used. Examples include:

- Information on redevelopment is available on all clinic and hospital social media platforms, in the lobby and as part of community outreach. Information is updated regularly. Information is also available at other institutions (e.g. libraries, schools) located nearby.
- Information is available in ways that kids and teens can understand and respond to.
- Information is available in multiple languages at the clinic.
- Implement a mechanism for all staff at OBCC to share questions, concerns and ideas from patients and families they are interacting with.
- We attend meetings hosted by other organizations to learn about community needs and resources.
- We share learnings with others involved in planning and note what changes have been incorporated as a result.

Consult and Involve – We welcome and invite the community to share their aspirations, ideas and concerns. These are then taken into account during planning, design and implementation. We inform the stakeholders how their involvement influenced decisions.

- The OBCC equity tool is utilized for major decisions.
- Feedback from patient families, neighbors, staff and community partners is incorporated when making significant decisions about OBCC such as services, programs, building design elements, parking, reflection of cultural identity, safety, etc. This is accomplished by specifically seeking feedback through town halls, listening



¹ Adapted from: HealthierHere Spectrum of Engagement; Futurewise et al. Community Engagement Toolkit; International Association for Public Participation; Community Engagement Matters (Now More than Ever) Stanford Social Innovation Review Spring 2016

sessions, attendance at other community meetings, and surveys – both electronically and in person.

- We convene community members, community organizations and patient families and provide an overview of possible options with appropriate context. We also ask children and youth to provide feedback.
- We share learnings with others involved in planning and note what changes are incorporated as a result.

Collaborate and Work as Partners – Patient families, community members and stakeholders help co-design facility, programs and services and are part of decision-making.

- Community members including parents are part of advisory councils, who have shared ownership over decisions.
- We coordinate efforts with other organizations to avoid duplication of efforts and to share lessons learned.

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

As mentioned earlier, OBCC ensures that patient families, community members and other stakeholders participate in making key decisions regarding our facilities, programs and services. The following are two examples of how we have co-designed and co-created solutions with the community we serve.

For the last two years, OBCC has been utilizing our community informed process to open a second location and expand current programming in order to better address the needs of our community. OBCC serves nearly 15,000 children each year. Revenues cover less than half the cost of the services we provide. The majority live in low-income areas of south Seattle and south King County where kids have two to five times the risk of asthma, mental health and behavior concerns, dental disease and obesity. About 80% are on Medicaid. Almost 20% speak another language (primarily Spanish) at home. Nearly 10% are immigrants from East Africa.

To ensure that the families we serve are able to participate in making key decisions about the second clinic in South Seattle, we have implemented the following:

- Two patient families, one living near our current location at Yessler Way and one living near the future site at Othello were added to the project design team.
- Community members (including at least two parents) and other external stakeholders are a significant part of the advisory council that is informing the development and launch of the research and evaluation innovation hub.
- Representatives of patient families and community stakeholders on the design team have equal voice in decision making.
- We share learnings with others involved in planning and are transparent about any changes.
- We coordinate efforts with other community based organizations on a similar journey.

OBCC runs the Garfield Teen Health Center (GTHC) at Garfield High School and provides health care services at five central Seattle elementary schools. Our school-based health services are funded through levy dollars and independent partnerships with each school. The fundamental idea that we need to be present in school settings came from community members – serving as advisors, collaborators and experts – at community cafes and town hall meetings.

Since 1993, GTHC has served adolescents' unique health needs, providing special attention to students who are at academic risk or have no other means of obtaining healthcare. A full-time nurse practitioner, a certified mental health counselor, and a patient care coordinator, as well as a part time psychiatrist and nutritionist staff the GTHC.

During the 2016-2017 school year, GTHC provided 509 students with health care in 2498 medical and mental health visits. Over half of visits were for social, emotional and behavioral issues.

The Seattle Public School's school nurse is located in GTHC and provides students timely access to GTHC services. Close partnership with the school nurse resulted in Garfield High School attaining one of the highest immunization rates in the district (99%). With referrals from the school nurse, the registered dietician experienced an increase of over 41% in patient visits between the 15-16 and 16-17 school years.

GTHC sponsors multiple peer support groups to address specific needs such as drug abuse, obesity, depression, intimate partner violence and GLBT issues, all of which can negatively affect academic success. New GTHC initiatives for SY 2017-18 include:

- Hosting a motivational speaker to teach life skills like time management, goal setting and conflict resolution.
- Collaborate with Harborview Sexual Assault Center to help change the school culture around sexual assault.
- Convene a transgender support group and facilitate discussion on GLBTQ issues including bullying and harassment.
- Provide drug and alcohol education and awareness, utilizing monthly themes and activities.
- Increase awareness and improve education around the Human Papillomavirus (HPV) vaccine.

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

The idea that a child's social, mental and family health is always connected to their physical health is a guiding principle at OBCC. Clinicians look at the nonmedical aspects of good health – nutritious foods, safe and nontoxic places to live and play, stable family life, educational opportunities, affordable transportation and available social services – and factor them into each child's report care of wellness. As a primary care clinic, OBCC has a unique opportunity to identify the early seeds of health problems and intervene at that level. We know that it is not enough to put a patch on the problem – treat a cold, give a vaccine, write a prescription. We need to

address the socioeconomic challenges and systematic inequities that keep families awake at night. Being cold or hungry or exposed to unsafe living conditions does not just threaten a child's immediate physical health. Poverty, racism and other forms of oppression amplify the toxic stress of growing up in challenging environment, which can create a host of health problems later in life – from mental health issues to asthma, diabetes and heart disease.

As a result, we are passionate about breaking down real-life barriers by developing programs that improve the whole life of a child – whether that's introducing kids and parents to a local farmer's market and teaching them how to cook with food from the garden, making sure a child has warm winter outerwear to go to school or helping a mom bond with her colicky baby. We extend care outside our clinic walls, running health clinics in local schools and a daycare, using legal aid to ensure that landlords clean up toxic housing, making house calls to help families secure basic needs and organizing community dental screenings for toddlers. We link families to other needed services – social services, specialized medical care, and legal services. We partner with many other community agencies. And we advocate – strongly and credibly, with data to support our positions – for policies and programs that help children and families.

What about your organization's way of working has made you successful? How your organizational culture or structure changed to allow for authentic community relationships? Include examples of your staff and board (if relevant) contributed to the culture and values that enabled your success.

In 2016, we underwent a strategic planning process, meant to define the next great era for Seattle Children's. Our plan is built on a simple but powerful premise: transform children's health by empowering a world-class team supported by an unrivaled community. In the coming years, our goal is to serve more children, more efficiently, with even better outcomes.

Underpinning and guiding our work is Seattle Children's values:

- **Compassion** – Empathy for patients, their families and staff is ingrained in our history and inspires our future. We do more than treat the child; we practice family-centered care as the cornerstone of compassion.
- **Excellence** – Our promise to treat, prevent and cure pediatric disease is an enormous responsibility. We follow the highest standards of quality and safety, and expect accountability from each other.
- **Integrity** – At all times, we approach our work with openness, transparency, decency and humility. It is our responsibility to use resources wisely to sustain Seattle Children's for generations to come.
- **Collaboration** – We work in partnership with patients, their families, staff, providers, volunteers and donors. This spirit of respectful cooperation extends beyond our walls to our business partners and the community.

- **Equity** – We embrace and find strength in the diversity of our patients, their families, our staff and community. We believe all children deserve exceptional care, the best outcomes, respect and a safe environment.
- **Innovation** – We aspire to be an innovative leader in pediatric healthcare, research and philanthropy. We continually seek new and better solutions. Because innovation springs from knowledge, we foster learning in all disciplines.

Strategic Choices: A Plan for the Future



Strategic Enablers: How We'll Achieve Our Goals



Philanthropy: A Key Driver

We made strategic choices (see above) including a focus on community health and reaffirmed our vigorous commitment to community-wide care, along with providing education and advocacy programs to promote healthy living and injury prevention. Seattle Children’s created a framework to support the development and implementation of a community engagement team including a community health advocacy manager and an expanded community outreach team. Building OBCC’s second location, which will serve as both a clinic and healthcare innovation center and learning lab, illustrates our promise to strive daily to provide quality care with dignity to children and families in poverty.

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

Community engagement is neither always a linear process nor is it fast. Sometimes, it lacks a formality that healthcare systems and providers are used to. There is a careful balance of educating our larger institution that this continues to be the right

work to engage in and that “being” with community, not as a subject matter expert but as a member that was invited in to participate, has direct impact on how we can transform childhood health.

In much of our work, we are able to glean important lessons. For example, in our collaborations with schools and their staff in low income communities, we understood that they may face the same challenges as the children and families they serve. Schools can also show signs of trauma; often, they are overburdened and under resourced. In order to form effective partnerships that can improve children’s health, we had to shift our approach from one-on-one, patient-provider interactions that are the hallmark of medical settings to a more holistic approach that enables us to support the school and their staff.

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

External conditions are forcing an awakening and activism reminiscent of the 1960’s. The changing demographic of communities creates more inclusion and the breaking down of siloes and systems that perpetuate inequities.