

Supporting the White Swan Community in Their Journey Toward Equity: Challenges, Successes, & Key Learnings

The White Swan Community Coalition is a collaborative group of community members and local service providers dedicated to reducing substance abuse and promoting positive mental health among the youth living in the Mt. Adams School District catchment area. Nestled in the heart of the Yakama Nation, the district serves nearly 1,000 students in prekindergarten through twelfth grade, 53% of whom are Native American, 38% Hispanic or Latino, and 5% White. Over 90% of the district's students are low-income and more than 10% of students have been identified as homeless. In addition, 10% of district students are migrant.

The Coalition meets the second Tuesday of each month, with attendance ranging from 30 to 50 members. Twelve community sectors are represented in the Coalition including youth, parents, the business community, the media, schools, youth-serving organizations, law enforcement, religious organizations, civic and volunteer groups, health care professionals, local and Tribal agencies with expertise in substance abuse, and other organizations involved in reducing substance abuse. Current initiatives of the Coalition include school-based programming such as the PAX Good Behavior Game, LifeSkills, and Primary Project; parent education programs such as Strengthening Families and Positive Indian Parenting; social norms campaigns related to underage marijuana use and driving under the influence; advocacy for policy initiatives such as a Yakama Nation Good Samaritan Law and a Yakama Nation Social Host Ordinance; and community development projects such as the building of a community park.



In an effort to give voice to the Coalition's understanding of the challenges, successes, and key learnings we've faced as we engage and partner with our community on health equity issues, Coalition leadership asked our members to complete a seven-question, open-ended survey during our June meeting. In total, seventeen Coalition members responded to the following open-ended questions:

- How have we (the Coalition) engaged, convened, and maintained relationships with our community? (Provide examples if relevant.)
- How have we (the Coalition) co-designed or co-created solutions with our community? (Provide examples if relevant.)

- How have we (the Coalition) addressed systemic inequities that affect health (such as power differentials or racism) as part of our community engagement work? (Provide examples if relevant)
- What about our Coalition's way of working has made us successful?
- How has our Coalition's culture or structure changed to allow for authentic community relationships? (If relevant, include examples of how the Coalition's staff has contributed to the culture and values that enable our success.)
- What have been the Coalition's most significant challenges, obstacles, and missteps?
- What changes have you seen that give you hope about a future that is more equitable?

An analysis of their responses revealed a number of themes including representation, authentic engagement, collaboration, responsiveness to culture, and consistency and communication.

Each of these will be explored below.

Representation

Representation was a key factor mentioned by several Coalition members as allowing us to engage and maintain relationships and co-create solutions with the community. As one member highlighted, "This coalition does a great job at ensuring we have community members from an array of different sectors." Another member went further, highlighting "representation from the tribal perspective" as a recent success. This increased diversity in representation is credited, in part, to an activity we participated in during one Coalition meeting: "I remember an activity we did where we wrote... names of people who have different things to contribute to the coalition which seemed really effective." During this activity, we placed twelve posters around the room, each titled with one of the essential sectors. Coalition members then wrote their names on the posters that represented the sector perspectives they bring to the Coalition. Next, members placed a star next to their name on the sheet of the primary sector they represented. Finally, we identified the posters (i.e., sectors) with the least representation and brainstormed specific people we could invite to the Coalition to represent those sectors. Individual Coalition members then committed to inviting those people to our next meeting. Following this activity, our representation and participation increased dramatically. As one member noted, these efforts to bring "many different professionals to work together in working to improve White Swan community" are not only key to maintaining relationships and co-creating solutions with the community, but also contribute to our success at addressing systemic inequities that affect health.

In addition to increasing sector representation, another success mentioned by the Coalition was an increase in community representation. As one member noted, “[bringing] in better representation from the community... [allows] different sectors to voice their opinions,” which is essential to the co-creation of solutions. Another member highlighted bringing in “a lot of representatives from the community” as a recent success, while still another noted that the “coalition has reached out to all people,” praising this effort as an essential factor contributing to our ability to maintain positive relationships. This sentiment was perhaps best summarized by one Coalition member, who mentioned that the “Coalition’s ability to draw from the multi-cultural dynamic that exists within the Yakama Nation and Yakima County” is the one change they have seen that gives them hope of a more equitable future. However, as one community member commented, we have more work to do in terms of ensuring positive and equitable representation: “We need more community member involvement, not just providers.” This sentiment was echoed by two additional Coalition members who mentioned the need for more connection with the school district and a desire for increased youth involvement.

Authentic Engagement

In addition to working towards building a representative Coalition, opportunities for authentic involvement were highlighted as key to engaging the community in addressing systemic inequities. As one member noted, “This coalition offers a lot of opportunities for coalition members to actively participate in what the coalition is working on at all times.” One specific way the Coalition does this is to train community and Coalition members--rather than just Coalition staff or school district employees--to implement our programming. This year, for example, four non-staff community members were trained to implement either the Strengthening Families or Positive Indian Parenting programs, and one of these community members facilitated our first iteration of the Positive Indian Parenting program this Spring. She then took the lead on identifying additional community members to be trained and will serve as the program coordinator moving forward. In addition, five Coalition members were trained to implement our Primary Project program, three of whom will serve as Primary Project facilitators during the 2018-2019 school year. These efforts were highlighted by one Coalition member, who attributed our ability to address systemic inequities to the Coalition's efforts to “[train] community members and partners in various EBP [evidence-based practices] to implement them within the community.”

In addition to their involvement in programming, Coalition members are also engaged in trainings and data analysis. One member mentioned “trainings in suicide prevention, parenting,

mental health, and gambling” as providing the knowledge necessary for the co-creation of solutions with the community. Another member described how “coalition members are involved with learning the data results from the surveys,” attributing the Coalition’s success, in part, to this involvement.

Collaboration

While representation and authentic engagement were dominant themes highlighted in Coalition members’ surveys, our ability “[to collaborate] with community members and community programs” also emerged as a key factor contributing to the Coalition’s success in building and maintaining relationships, co-creating solutions, and addressing health inequities. One member stated clearly, “The coalition does a great job networking and building relationships.” Another member specifically identified our efforts to “[reach] out to other coalitions” as essential to our success at co-designing solutions with the community. According to one member, the key to our successful collaboration has been “an excellent coalition coordinator that is willing to build bridges and make partnerships stronger throughout the community.” Essential to the coordinator’s ability to build bridges is her efforts to attend the meetings and events of partner organizations and her facilitation of events by partner organizations within the White Swan community.

Responsiveness to Culture

The Coalition’s responsiveness to culture was highlighted by members as both a challenge and a success. While one member mentioned “ethnic and divisive barriers” as the biggest challenge facing the Coalition, another stated, “Cultural differences are the biggest challenge. Getting everyone on board to move the community in a positive direction is very challenging.” Another member described “racial tension (in the beginning of the year)” as the biggest barrier facing the Coalition, but went on to state that “this has improved.” This positive shift was noted by additional Coalition members, including one who identified the “community’s cultural competency” as the recent change that has most contributed to the Coalition’s success, and another who acknowledged the Coalition for “recognizing the need to take on a cultural approach and increasing our community’s cultural competency.”

In addition, several members mentioned cultural responsiveness when describing how the Coalition’s culture allows for the development of authentic community relationships. As one member described, “The coalition does not exert their ‘culture’ onto participants/members. It provides an open forum for all who attend.” Another highlighted the Coalition’s “[focus] on Native American youth, an underserved population” as key to allowing for the development of authentic

community relationships. In a similar vein, one member credited the “[implementation of] different EBP to fit the cultural dynamics of the community” as key to the Coalition’s success in addressing systemic inequalities.

Consistency and Communication

Two additional factors identified by Coalition members as contributing to the group’s success were consistency and communication. “Consistency in meetings throughout the years,” “consistent monthly meetings that are inclusive to all community members and community providers,” and “providing a consistent place to meet” were highlighted as essential to engaging and maintaining relationships with community members. As one member summarized, “Consistency. Meetings are held monthly; same day of the month and always at the same time of day.”

Additionally, Coalition members noted that “regular communication has been extremely helpful” in fostering community engagement. To maintain consistent communication, the Coalition coordinator sends several predictable emails each month. One week prior to each month’s Coalition meeting, the coordinator sends a reminder email asking for input for the monthly newsletter. Then, the day before the meeting, an additional reminder email is sent. This email includes the minutes from the previous meeting, the agenda for the upcoming meeting, newsletter items submitted by members, and a description of the meal that will be served during the meeting.¹ In the days following the meeting, a “thank you” email is sent to members who attended, while a “we missed you” email is sent to those who didn’t. Both of these emails contain follow-up information needed to move Coalition initiatives forward. One member specifically mentioned follow-up emails as essential to the Coalition’s success, while another credited our success to “constant advertising and reaching out to participants.”



The White Swan Community Coalition has learned several lessons as it has worked towards engaging and partnering with our community on health equity issues. These lessons include, but are not limited to, the following:

1. Equitable **representation** is key to engaging and maintaining relationships in order to co-create solutions with the community. This representation should extend not only to key community sectors, but to community members as well.

¹ Food was mentioned four times as a factor that has contributed to the Coalition’s success. Lunch is provided at Coalition meetings, which are held the second Tuesday of each month during the lunch hour (12:00 to 1:00).

2. Opportunities for **authentic engagement** are essential to maintaining relationships, co-creating solutions, and effectively addressing health disparities. Authentic engagement can involve utilizing community members to implement programming, providing training and education to community members, and involving community members in data analysis and strategic planning.
3. **Collaboration with community partners** allows individual organizations to more effectively address health disparities. Partnerships can be developed through active participation in the events and activities of partner organizations.
4. Being appropriately **responsive to the community's culture** is a constant challenge. However, creating a safe space for open dialogue and implementing programming that “fits the cultural dynamic of the community” can foster the development of authentic community relationships.
5. A **consistent meeting place and time** and **continuous, predictable communication** are essential to fostering and maintaining community engagement.