

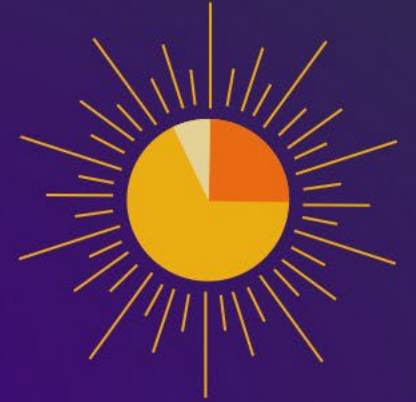
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Social Interventions Research & Evaluation Network

RACIAL HEALTH EQUITY IN SOCIAL CARE

2022 National Research Meeting

Using human-centered design principles to enhance cross-sector partnerships that address the social drivers of health



Day 1: Using human-centered design principles to enhance cross-sector partnerships that address the social drivers of health



Yuriko de la Cruz



Sarah Halpin



Nalani Tarrant

Agreements for a safe and brave meeting

Practice active,
judgement-free, and
empathetic listening

Respect each other's
differences and
backgrounds

Agree to disagree – but
seek understanding.
We are here to learn!

Honor the difference
between unsafe and
uncomfortable

Be curious about
intentions but
recognize that impact
is more important than
intentions

Welcome being called
in as a gift and an
invitation to learn

Be mindful of
positionality and
power dynamics

Acknowledge
judgments and
assumptions
(including our own –
we all have biases)

Use inclusive language
and avoid using
derogatory or
stigmatizing language

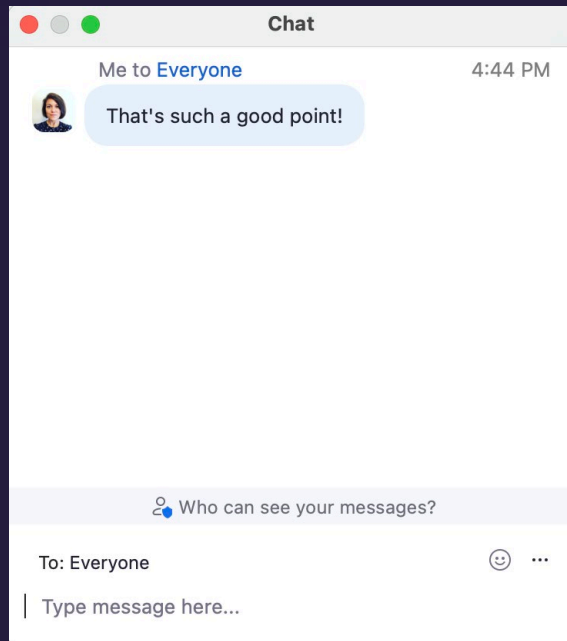
Release control,
privilege, and notions
of being right

Accept that things may
remain unresolved; we
might not feel a sense
of closure

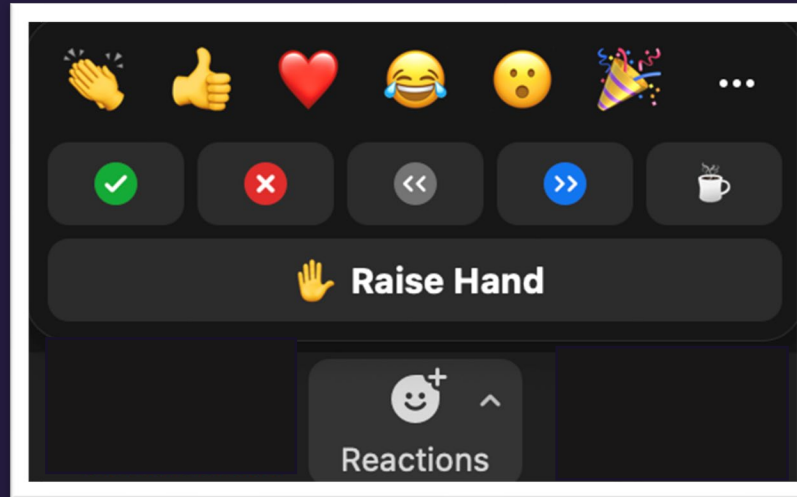
Reminder: This session is being recorded. Recordings and slides will be available after the meeting.

3 Ways to Engage in the Room

1. Chat Window

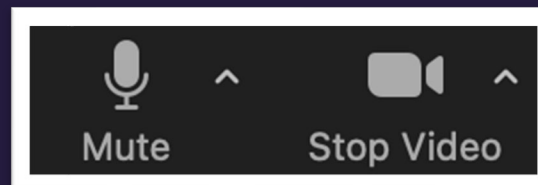


2. Emoji Reactions



3. Audio and Video

(We encourage you to keep your camera on during the session)



...and on Twitter!



#SIRENRacialEquity
@SIREN_UCSF



NATIONAL ASSOCIATION OF
Community Health Centers®

Using human-centered design principles to enhance cross-sector partnerships that address the social drivers of health

SIREN 2022 National Research Meeting:
Racial Health Equity in Social Care, Day 1
September 15, 2022

Acknowledgement:

*Support for this program was provided by a grant
from the Robert Wood Johnson Foundation®*



THE NACHC MISSION

America's Voice for Community Health Care

The National Association of Community Health Centers (NACHC) was founded in 1971 to promote efficient, high quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient centered for all.



NACHC's STRATEGIC PILLARS

1



Equity and Social Justice

Center everything we do in a renewed commitment to equity and social justice

2



Empowered Infrastructure

Strengthen and reinforce the infrastructure for leading and coordinating the Community Health Center movement, notably consumer boards and NACHC itself

3



Skilled and Mission-driven Workforce

Develop a highly skilled, adaptive, and mission-driven workforce reflecting the communities served

4



Reliable and Sustainable Funding

Secure reliable and sustainable funding to meet increasing demands for Community Health Center services

5



Improved Care Models

Update and improve care models to meet the evolving needs of the communities served

6



Supportive Partnerships

Cultivate new and strengthen existing mutually beneficial partnerships to advance the shared mission of improving community health

To learn more about NACHC's Strategic Pillars visit <https://www.nachc.org/about/about-nachc/>

Learning objectives



Describe how human-centered design principles can be applied specifically to problems of racial inequities in social care and upstream efforts that improve the health of structurally marginalized communities.



Understand the importance of integrating community voice including racial and ethnic groups in health equity initiatives to improve systems of care.



Practice a human-centered design skill, so that they can learn experientially.

Poll 1

How familiar are you with the design sprint framework?

- Not familiar
- Somewhat familiar
- Moderately familiar
- Very familiar
- Extremely familiar

Poll 2

How comfortable are you with incorporating community voice within racial health equity efforts?

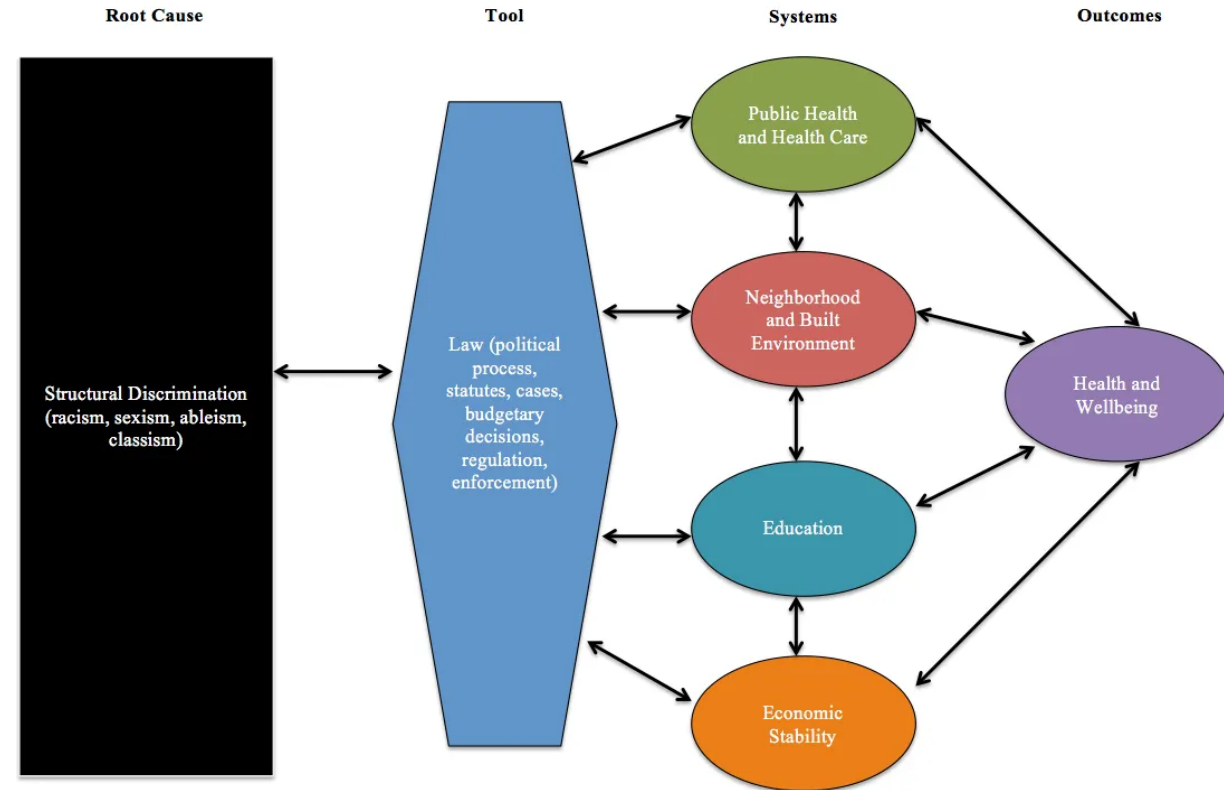
- Not comfortable
- Somewhat comfortable
- Moderately comfortable
- Very comfortable
- Extremely comfortable

Our Path Forward

“Structural racism describes the way our systems are structured to produce racial inequalities between white [populations] and racial and ethnic minorities in the SDOH, leading to racial health disparities” (Yearby, 2020)

Ruqaiijah Yearby, JD, MPH,

Center for Health Law Studies of St. Louis University,
Executive Director and Co-Founder, Institute for Healing
Justice and Equity



Revised SDOH Framework created by Ruqaiijah Yearby (2020)

Incorporating Community Voice in Cross-Sector Alignment

Petiwala et al. *BMC Public Health* (2021) 21:712
<https://doi.org/10.1186/s12889-021-10741-9>

BMC Public Health

RESEARCH ARTICLE

Open Access

Community voice in cross-sector alignment: concepts and strategies from a scoping review of the health collaboration literature



Aliza Petiwala^{*}, Daniel Lanford, Glenn Landers and Karen Minyard

Abstract

Background: Health care access is an important driver of population health, and factors beyond health care also drive health outcomes. Recognizing the importance of the social determinants of health (SDOH), different actors in the health care, public health, and social service sectors are increasingly collaborating to improve health outcomes in communities. To support such collaboration, the Robert Wood Johnson Foundation developed a cross-sector alignment theory of change. According to the cross-sector alignment theory of change, community voice is critical for helping collaboratives address community health needs. Yet research on health collaboratives offers mixed guidance on how community voice should be understood and which community voice strategies are most effective.

Methods: This study addresses a gap in the literature with a systematic scoping review of research on health-oriented cross-sector collaboration and community voice. By scanning key academic journals, searching three academic databases, and obtaining documents from across our professional networks, we identified 36 documents that address community voice in health collaboratives.

Results: The review reveals several conceptions of community voice and a range of community voice strategies. We find that community voice strategies fall on a spectrum between two broad types of approaches: active and passive. These vary not only in the level of power shared between communities and collaborators, but also in the level of involvement required from the community, and this in turn has important implications for community collaboration strategies. We also find that while most strategies are discussed in the context of short-term collaboration, many also lend themselves to adoption in the context of sustainable collaboration and, ultimately, cross-sector alignment.

Conclusion: This review provides a characterization and conceptualization of community voice in health-oriented collaborations that provides a new theoretical basis for future research. Passive and active community voice strategies can be studied in more detail for their expected impact on health outcomes and disparities. Increased attention to active community voice and the resources it requires can help practitioners achieve improved health outcomes and researchers understand the pathways to health improvement through collaboration.

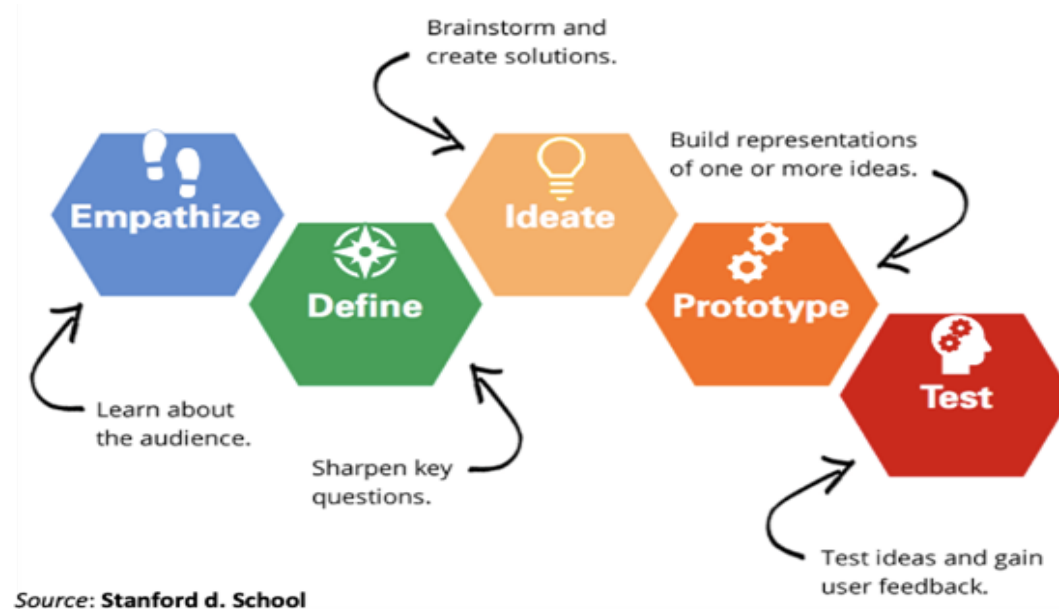
Keywords: Cross-sector alignment, Collaboration, Community, Health outcomes, Health equity, Health disparities

Petiwala, A., Lanford, D., Landers, G. et al. Community voice in cross-sector alignment: concepts and strategies from a scoping review of the health collaboration literature. *BMC Public Health* 21, 712 (2021). <https://doi.org/10.1186/s12889-021-10741-9>

- Recognize need for cross-sector collaborative efforts to be sustainable
- “Community voice” or “community engagement” can be defined in many ways
 - Working collaboratively with respect to issues affecting wellbeing
 - Shared decision-making, accountability, community agency
 - Working with community members and organizations to build awareness, gain insight, develop community capacity
- What does it mean to have “meaningful” or “authentic” collaboration with those you’re aiming to serve?

Why Design Sprints

- Started in late 2020-2021 under work supported by RWJF
- Needed a way to foster an environment to build cross sector partnerships to address SDOH during the height of COVID



YouTube: <https://www.youtube.com/watch?v=a7sEoEvT8l8>

Goals and Objectives

- ***Generate and test concrete ideas*** for addressing the strategic alignment needs of health centers and their cross-sector partners to address health equity, including racial, economic, and social justice.
- Build an ***energetic and knowledgeable community*** around the goal of improving health equity for patients with complex and unmet social needs.
- ***Foster a mindset*** of creativity, resourcefulness, and experimentation in participants.
- ***Teach participants concrete design tools*** that they can use in their daily work at the health centers, their partner organizations, and community engagement level.
- ***Build community commitment and capacity*** for sustainable, cross-sector partnerships.
- Assess how cross-sector partnerships can best respond to SDOH needs that have been ***impacted by COVID-19***.
- Assess how cross-sector partnerships can best respond to ***new and emerging SDOH needs***.
- Prioritize health equity by ***elevating community voices*** and reducing health disparities for those with complex health and social needs that have emerged due to structural racism and inequality.

Design Sprint Process

Application period with a release webinar

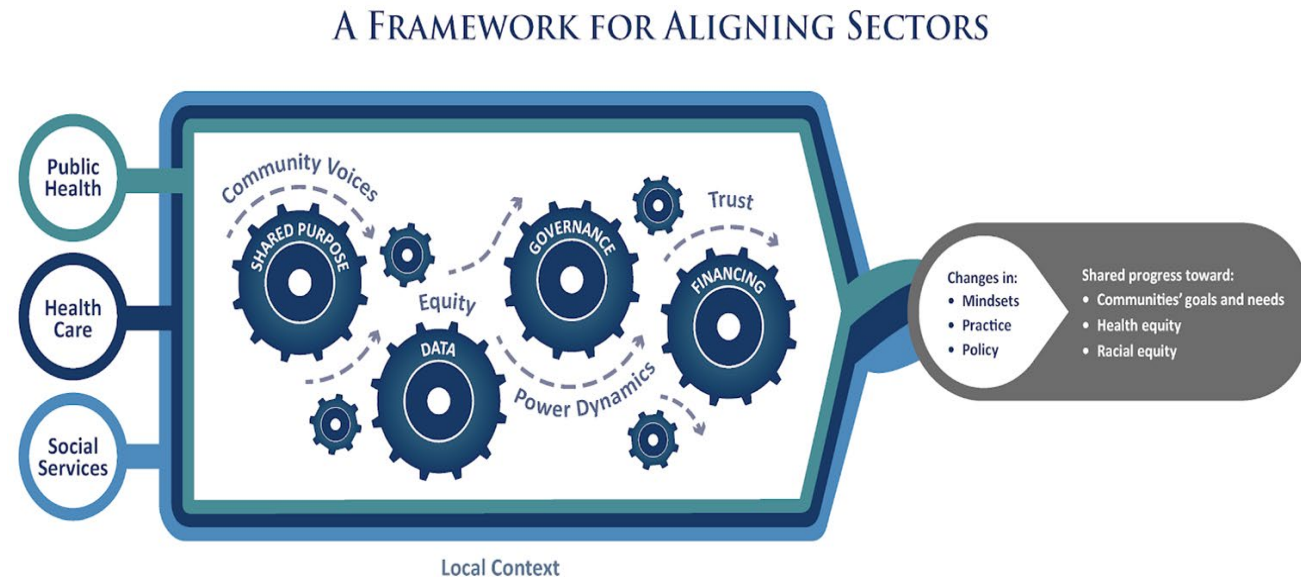
- Requirements
 - FQHC
 - Community Partner
 - Dedicate the time to participate in all Design Sprint activities

Design Sprint Experience included:

- Virtual Design Sprint Workshops
- Monthly Huddles
- Pre and Post Assessment
- Reflection Session “Storytelling and Community Celebration”
- Dedicated Coach
- Training and Technical Assistant as needed
- Peer to Peer learning

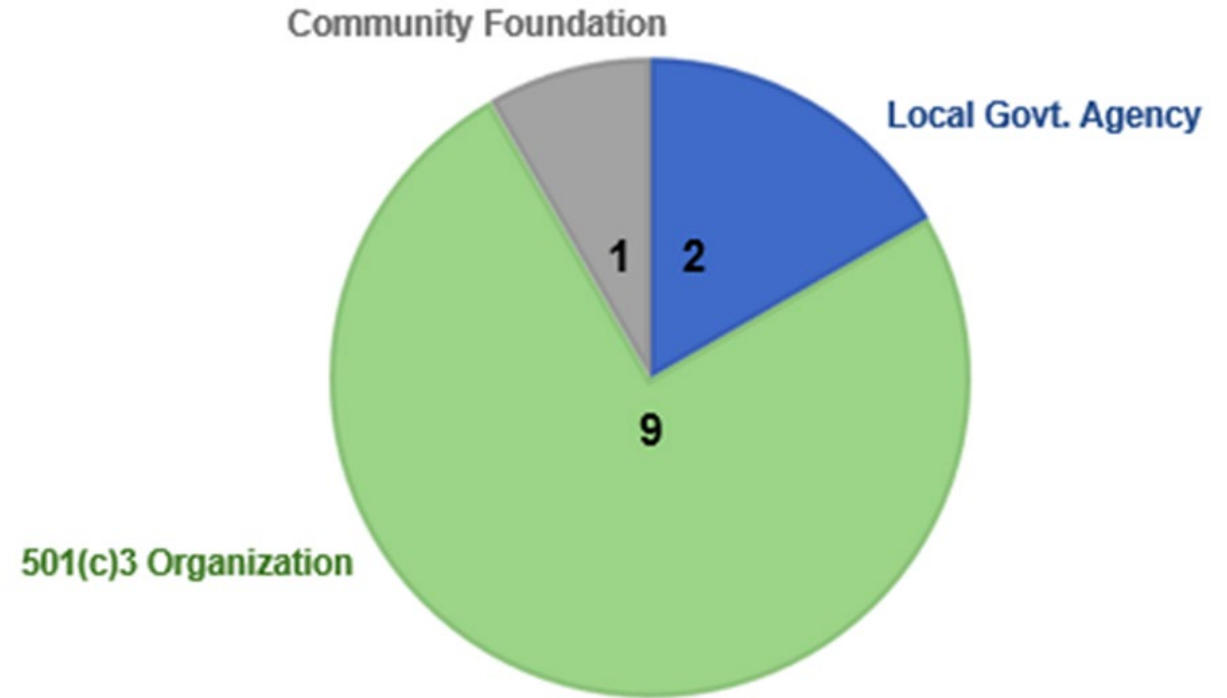
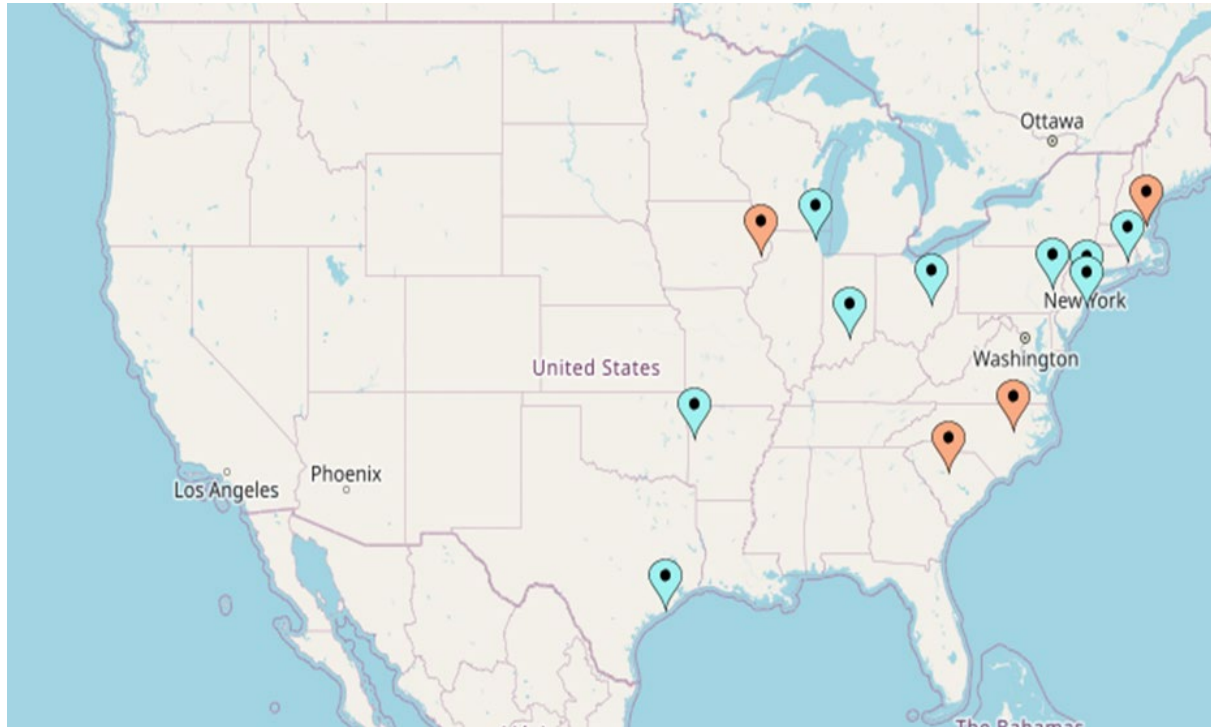
Design Sprint Cohort Composition 2021

- 4 cohorts with 4 teams
- Each cohort focused on a pillar for the RWJFs Theory of Change
- Each cohort: 3-month design sprint process
- Time Committed: 15 hours minimum
- Zoom and Mural
- Worked with AAPCHO



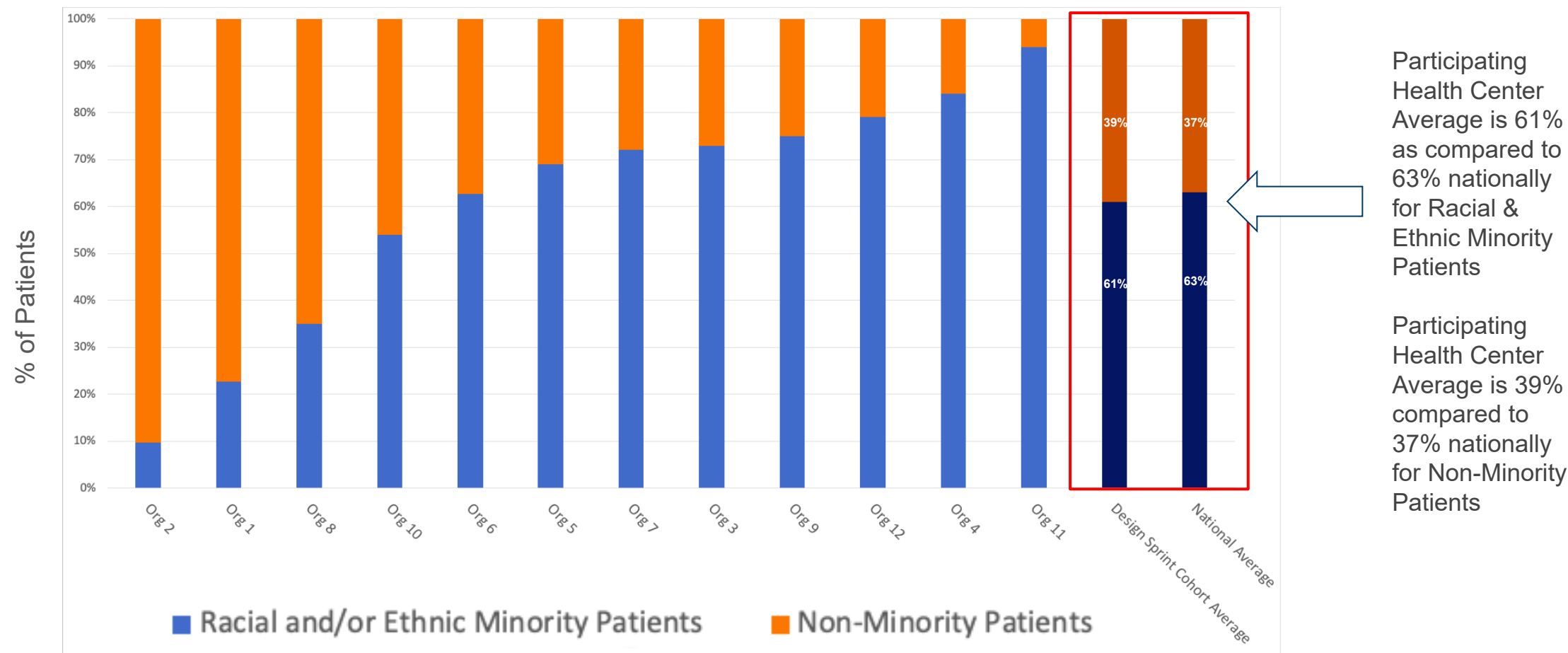
Link: <https://www.alignforhealth.org/framework/>

Team Locations and Partnerships



Diversity Across Organizations

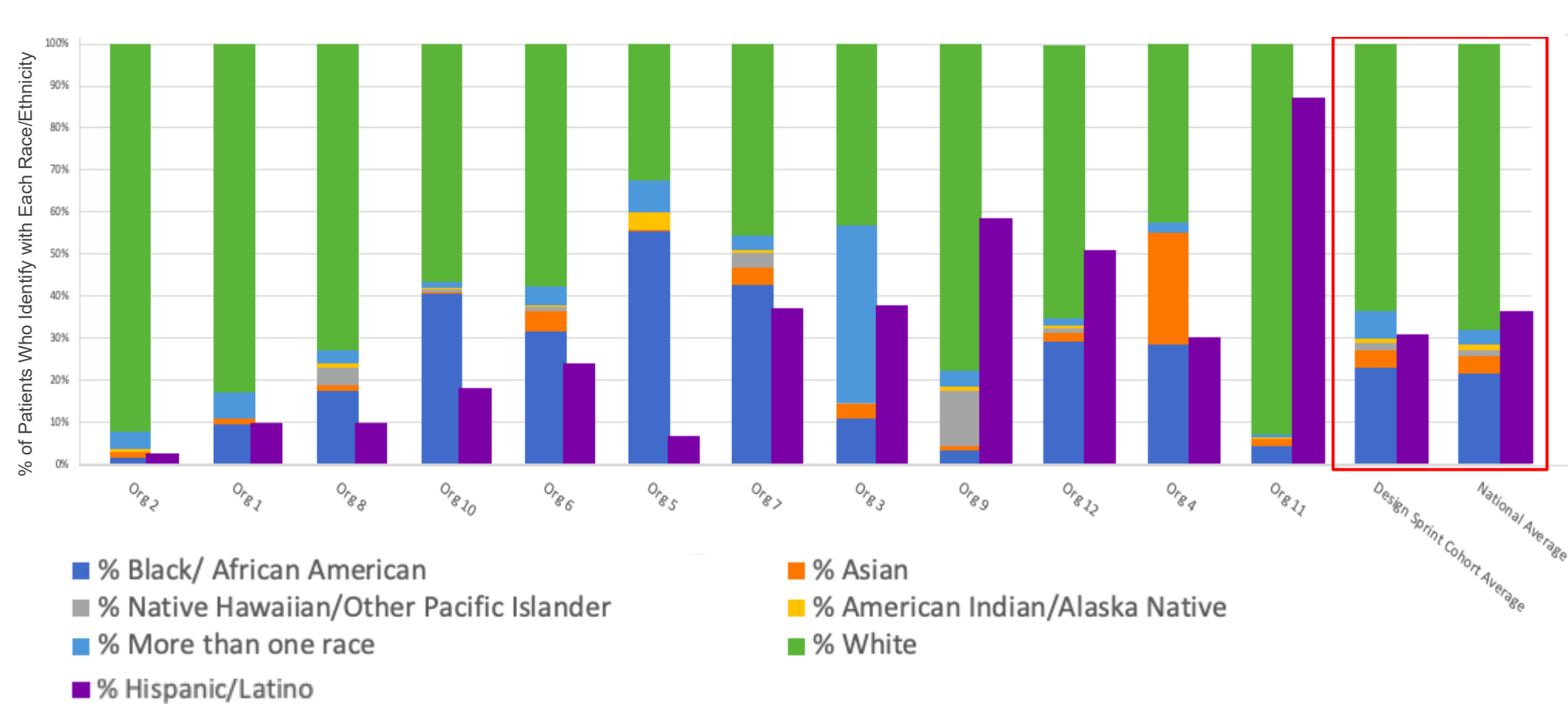
TOTAL KNOWN RACIAL AND/OR ETHNIC MINORITY AND NON-MINORITY PATIENTS AT PARTICIPATING HEALTH CENTERS



Source: 2019 UDS Data

Race & Ethnicity of Patients Served

KNOWN RACE & ETHNICITY OF PATIENTS ACROSS ORGANIZATIONS

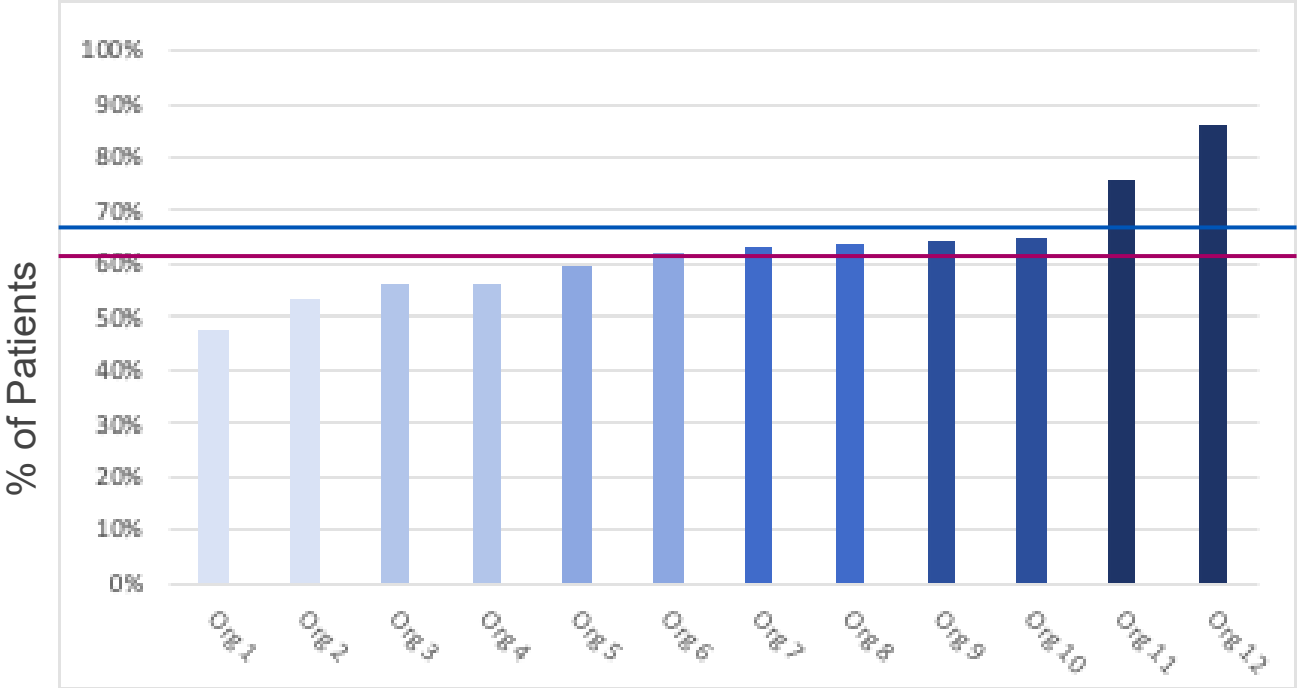


- At 4 HCs Majority of patients are best served in a language other than English
- At 1 HC, patients speak a range of 92 languages
- At 2 HCs around 50% of patients served are children
- At 3 HCs serve large refugee populations including communities from Nepal, Bhutan, and Burma
- 1 HC serves as a Refugee Health Assessment Site

Source: 2019 UDS Data

Income Data

PATIENTS LIVING AT OR BELOW 100% FPL

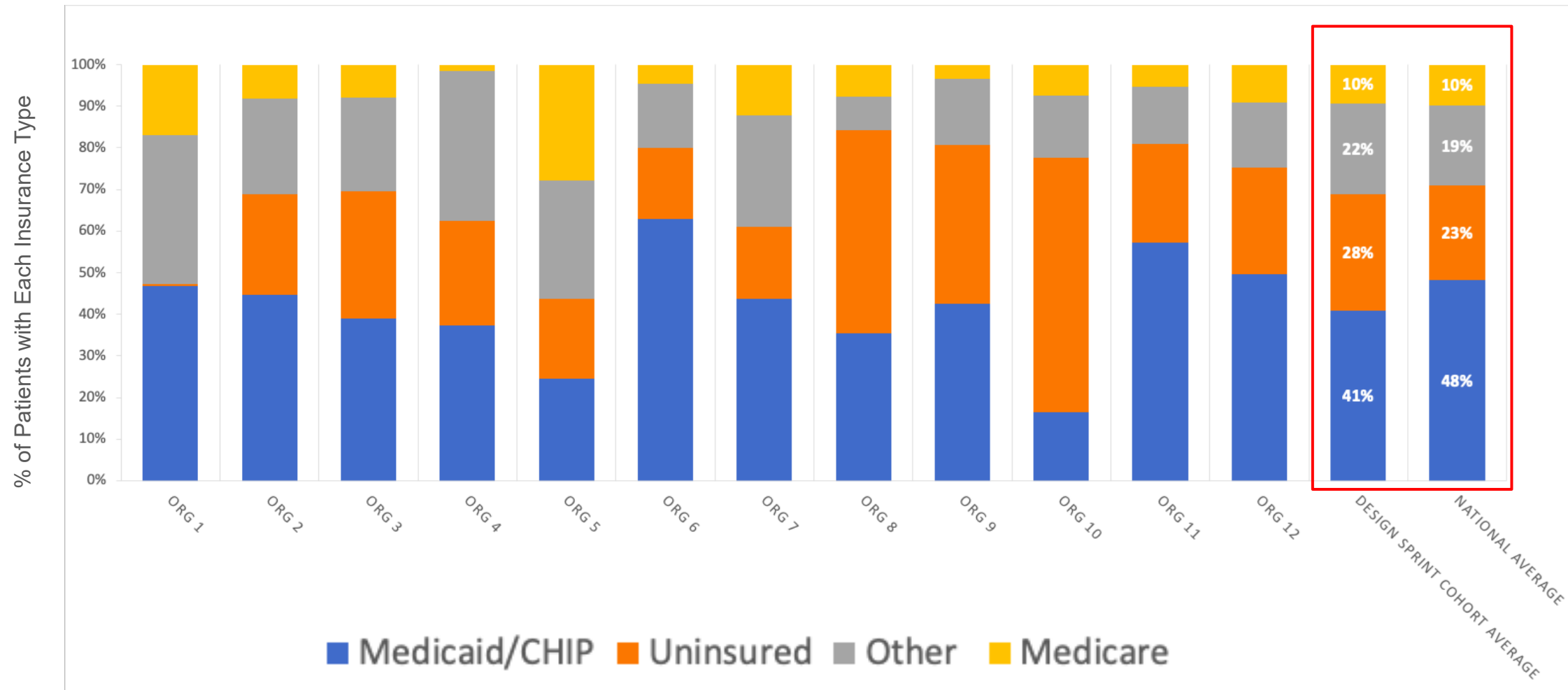


Nationally, on average, **68%** of HC patients live at or below 100% FPL

63% of patients at participating HCs live at or below 100% FPL (average)

Source: 2019 UDS Data

Health Insurance Mix



Source: 2019 UDS Data

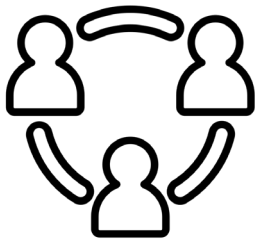
Challenge Focus Areas

APPLICATION THEMES



Identify Priority Needs of the Community

Address Specific, Identified Health & Social Needs



Build Infrastructure and capacity to identify and address SDOH Community Needs

- Address acute and long term SDOH needs
- Better understand community SDOH needs
- Build workflow to support SDH needs
- Education
- **Food insecurity**
- **Housing**
- Improve access to care
- **Improve support for individuals with complex medical needs**
- **Improve culturally aware and respectful healthcare and social care**
- Increase community visibility of services
- Increase screening capabilities
- **Increase & improve referral capabilities**
- **Increase self-sufficiency and self-advocacy of the community**
- Medicaid enrollment assistance
- **New Americans/Growing populations**
- Older adults
- **Racial inequities**
- Social isolation/ social connectedness services
- Transportation
- Women-focused healthcare
- Youth-focused programs

Story from the field

Affinity Health Center & Habitat for Humanity – Rock Hill, SC

- Leveraged resources and relationships within the community to host several COVID-19 vaccination clinics in predominantly African-American/Black communities; expanded partnerships with faith-based organizations and neighborhood groups
- Joint activities helped staff from each partner organization to understand the resources and services available as well as the needs of the community
- Established partnership with local HBCU to focus on equity issues
- In the future, would like to
 - Improve health outcomes and housing opportunities in target communities
 - Utilize data driven strategies to develop equitable funding streams

Story from the field

Community Clinic of Northwest Arkansas and Marshallese Educational Initiative – Springdale, AK

- A new and forming Community Health Center & Community-Based Organization partnership focused on the Marshallese community
- Progress to-date:
 - Feedback from Marshallese women in focus group
 - Marshallese option on Community Clinic's phone menu
 - Women's Health Night with group education and individual visits
- Future plans: CC received a women's health/contraception grant that will allow for this partnership to have some funds for group health education; CHW Workforce Program Grant



Marshallese Educational Initiative
a not-for-profit organization

Story from the field

Crescent Community Health Center and Community Foundation of Greater Dubuque – Dubuque, IL

- CCHC and CFGD utilized culturally appropriate educational engagement around SDOH components as a means to empower Pacific Islander youth.
- The program involved equipping Pacific Islander students with PRAPARE data and other SDOH information, and then providing them with resources and a platform so that they can take a leadership role and use their natural talents to initiate projects aimed at helping their community.
- Included partners at schools, colleges, churches, nonprofits, and local government.
- Engaged with Pacific Islander elders, whose involvement is crucial for preserving the spirit and culture of our local Pacific Islander community.
- Future plans include local employers and businesses, and there is also an interest in using this project to help build a coalition with other Pacific Islander communities around the nation.

Story from the field

Sixteenth Street Community Health Centers & VIA – Milwaukee, WI

- Focused on cultivating a stronger partnership, rooted in effective use of data, to address housing and other SDOH needs among Latino population in Milwaukee
 - Developing Empathy & Resources
 - Created shared resources to better understand each organization's available services and resources
 - Community walking tour
 - Sharing data
 - Identifying communities and individuals served by both organizations
 - Facilitating smoother referrals
 - Expanding SDOH (PRAPARE) screening
 - Assessing partnership impact
- In the future, would like to
 - Provide means of sharing data collected through partnership(s) with community to identify roots and appropriate next steps
 - Share collective data with other CBOs and community leaders to expand efforts
 - Leverage data for advocacy

Additional Cross-Sector Partnership Stories Available



**15-20 Minute Podcasts
Available on the [PRAPARE
Podcast Channel](#)**



**Brief Summaries
Available on the
[PRAPARE
Website](#)**



**30-Minute Webinars
Available for
Streaming on the
[PRAPARE Website](#)**

2021 Design Sprint Journey

Design Sprint Journey

Community Clinic and MEI need a way to educate Marshallese women about whole health in order for them to excel as nurturers in their community and families.



Feedback from Marshallese women in focus group



Marshallese option on Community Clinic's phone menu



Women's Health Night with group education and individual visits

Carlins

"To see how we came from not knowing what we were doing to how we are now implementing our plans and goals. Also working with people who serve our population and working together for a better and more efficient process for our community."

Amanda

"I am most proud of the action our team has taken in response to this design challenge. This hasn't been a process we've just talked and talked about, we have taken steps to implement what we've learned to best serve our community."

Mary

"My proudest moment was executing our first focus group through design sprint. I can only imagine the many more things we'll accomplish through the topic we chose to work on together as a team. Excited for what the future holds."

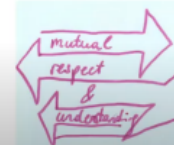
Trina

"My proudest moment from the design sprint process was when we successfully used team building. As an individual, I feel like our voices and ideas are valued, and we all bring our passion to find the best solution. We were able to acknowledge different viewpoints and make the problem more 'real'. I'm very proud of how far we've actually followed through with our short/long term goals."

Design Sprint Feedback

- Sprint model allowed thoughtful dissection of our overall ideas
- Final prototype and ideas to support are measurable
- Model can also be repeatable and reproducible to other populations
- Illustrative of collaboration with greatest strengths brought forward
- Initial feedback is positive
- Efforts are do-able and innovative
- Youth model can leverage other future projects

Community Foundation of Greater Dubuque and Crescent Community Health found this unique learning collaboration to be innovative, interesting, impactful and rewarding!



Lessons Learned

- Allow the process to take you to a solution
- Challenge each other
- Listen to your coach for feedback
- Plan adequate 1:1 time with your collaboration partner in addition to the COHORT classes
- Continually review your mural board for inspiration – you will find it!
- It is OK to have a stall once in a while - you will bounce back!
- As much as it is a design sprint, it can be a marathon – so hang in there!
- Have fun!



Design Sprint Activity: Empathize

Video: Overview of “Empathize” Phase in Design Sprints



Video link: <https://www.youtube.com/watch?v=q654-kmF3Pc&t=0s>

Scenario

Your organization working with Feeding America

Geographic service area

- Suburban area – previously considered rural; however, area has gone through significant changes with 2 factories opening and small businesses growing. Economic growth is disparate.
- Recent influx of new community members from neighboring states and immigrants from other countries.

Population

- Race: 8% African American/Black; 2% Asian; 4% Mixed/Biracial; 2% Native Americans; 6% Other; 78% white
- Ethnicity: 15% Latinx/Hispanic

Empathize – 10 minutes

Learn about community and target population

Envision the ideal cross-sector partnership...to address SDOH. Start by gaining **empathy**.

1. Shared purpose 20 min

1. What are the SDOH needs you're trying to address through this cross-sector partnership?

2. State the shared purpose and ultimate impact you're trying to have on the population(s) of focus in your community.

3. What are some possible solutions to address your specific SDOH need(s)? Think broadly. It's fine to start a project with a hunch or two, but make sure you allow for surprising outcomes.

4. Write down some of the context and constraints that you're facing as cross-sector partners. This could be geographic, technological, time-based, or have to do with the population(s) you're trying to reach.

2. Digging deeper 20 min

Visualize a person or population of focus. Who comes to mind?	What are some of their personal attributes?
What are their SDOH and general needs?	What are some of their usual health behaviors?
What are some of their daily thoughts & emotions?	What are their goals and motivations?
What are their common, everyday challenges?	What are their opportunities?

Example of “Shared Purpose” Mural board

Envision the ideal cross-sector partnership...to address SDOH. Start by gaining **empathy**.

1. Shared purpose 20 min

1. What are the SDOH needs you’re trying to address through this cross-sector partnership?



This partnership would like to address job/workforce development.

2. State the shared purpose and ultimate impact you’re trying to have on the population(s) of focus in your community.

Our organizations want children to have healthy beginnings. We'd like to focus on parents and guardians that need support with education and training.

3. What are some possible solutions to address your specific SDOH need(s)? Think broadly. It’s fine to start a project with a hunch or two, but make sure you allow for surprising outcomes.

Most families are working low-paying jobs or don't have the skills for emerging industries. By focusing on this area, we hope that families will be gainfully employed at jobs that pay well, provide benefits, and supportive of families.

4. Write down some of the context and constraints that you’re facing as cross-sector partners. This could be geographic, technological, time-based, or have to do with the population(s) you’re trying to reach.

We need to understand the current skill needs of jobs in the area. Also, we need to ensure demand for skilled workforce will be stable. Many families need childcare to attend meetings and trainings.

Example of “Digging Deeper” Mural board

2. Digging deeper 20 min

Visualize a person or population of focus. Who comes to mind?  <div> <div>Children</div> <div>Families</div> <div>Single parents</div> </div>	What are some of their personal attributes? <div> <div>Works hard</div> <div>Very resourceful</div> </div>
What are their SDOH and general needs? <div> <div>Behind on utility payments</div> <div>Only 1 source of income</div> <div>Mom doesn't have health insurance</div> <div>Public transportation</div> </div>	What are some of their usual health behaviors? <div> <div>Reads books with kids</div> <div>Family walks to the parks</div> <div>Dances with kids</div> </div>
What are some of their daily thoughts & emotions? <div> <div>Worry about money</div> <div>Am I going to lose my job?</div> <div>Am I giving enough attention to my child?</div> <div>Not enough food</div> </div>	What are their goals and motivations? <div> <div>Safe environment</div> <div>Healthy kids</div> <div>Good education</div> </div>
What are their common, everyday challenges? <div> <div>Stable childcare</div> <div>Safety of child</div> <div>Crazy work hours, changing schedule</div> </div>	What are their opportunities? <div> <div>Fast learner</div> <div>Took some college classes</div> <div>Dependable income</div> </div>

Discussant Perspective and Participant Q&A



Thank you!

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