

## Dialogue4Health Web Forum

### Taking Action to Promote Health Equity Series: Breaking Out of the Box—Innovative Collaborations

Tuesday, October 16, 2018

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>> Laura Burr: Welcome to today's Dialogue4Health web forum, Taking Action to Promote Health Equity: Breaking Out of the Box -- innovative collaborations. We thank Trust for America's Health and sponsors, the Robert Wood Johnson foundation, The California Endowment and the W.K. Kellogg Foundation.

My name is Laura Burr. I will be running today's web forum with my colleague, Kathy Piazza.

Now I would like to introduce Dr. J. Nadine Gracia, moderator for this series Taking Action to Promote Health Equity. She is Executive Vice-president at Trust for America's Health where she works in partnership with the President and CEO to develop and implement strategic policy priorities and she manages TFAH's core business functions and internal operations. She has extensive leadership and management experience in federal government, professional associations, academia, and clinical practice. Prior to joining TFAH Dr. Gracia served in the Obama Administration as deputy assistant secretary for minority health at the U.S. Department of Health and Human Services. Welcome back to Dialogue4Health, Dr. Gracia.

>> Nadine Gracia: Thank you very much, Laura. Thank you everyone in our audience for joining us today for our web forum. Let me welcome everyone to our third webinar in the series of four webinars on the topic of equity. The theme being Breaking Out of the Box: Innovative collaborations.

To those of you who joined each of our webinars, thank you for taking this journey with us. Those of you joining this web series for the first time, we're excited to have you join us.

On behalf of Trust for America's Health, I'm so pleased to moderate this webinar series. Trust for America's Health is a nonprofit, nonpartisan public health policy research and advocacy organization based in Washington, D.C.

We envision a nation that values the health and wellbeing of all, and where prevention and health equity are important to all levels of society.

To give a recap of the webinar series, in partnership with The California Endowment, the W.K. Kellogg Foundation and the Robert Wood Johnson, our goal is to shine a bright light on the efforts helping to advance health equity in communities across the country and which may be implicated in your work as promising practices.

Our first webinar was a panel discussion on a transformational effort to promote equity. The California document building healthy communities initiative, a ten year, one billed community initiative that seeks to transform the initiatives in 14 communities in California that are burdened by health inequities in a manner never attempted on this scale.

Our second webinar focused on innovative funding models addressing health equity including the successful health equity zones in the Rhode Island, an innovative place based approach that brings communities together to build the infrastructure to achieve healthy systemic changes at the local level and where the Rhode Island Department of Health strategically uses categorical funding for this community-driven equity work.

The Rhode Island department of work brings together funds from several sources and is first in the nation to adopt this funding approach at the statewide level.

The second webinar also featured the green and healthy homes initiative, their pay for success model which is advancing E-based which connects funding to economic, health outcomes to foster health equity for people in low income communities. The initiative coordinates resources from philanthropy, federal state local government and the private sector.

If you were not able to tune in for either of the first two webinars, the recordings are available at the Dialogue4Health website as well as Trust for America's Health website at [Dialogue4Health.org](http://Dialogue4Health.org) or [TFAH.org](http://TFAH.org).

As a reminder these webinars are conducted as conversations. Those who are involved in the work of advancing health equity, rather than as a formal panel with set presentations. This will allow us to more deeply explore the models, where we'll strive to answer questions such as what was behind the success of the effort, what challenges did our presenters encounter and what did they do to work on overcome them, as well as what elements of their work may be transferable.

And as always, I encourage you to stay with us until the end of the webinar, as I will be sharing the exciting details of our fourth and final webinar in the series.

So now let's turn to today's webinar. The theme is Breaking Out of the Box: Innovative collaborations. We'll focus on innovative collaborations and working with multi-sectoral partners in a multifaceted approach to promote lasting community health and wellbeing and equitable opportunity.

In order to meet the goals, solutions need to acknowledge the upstream factors that contribute to poor health and address the underlying social determinants of health. These than cans in which we are born, grow, go to school, work, live and age, conditions such as poverty and access to economic opportunity, quality of education, availability of transportation and safety of our neighborhoods, quality of housing as well as discrimination.

And to do so effectively, meaning full, sustained, cross sec tomorrow partnerships are vital.

Today we are going to be highlighting the W.K. Kellogg Foundation and some of the organizations that it funds as examples of model collaborations. W.K. Kellogg Foundation is a leading philanthropic foundation guided by the belief in equal opportunity and works with communities to create conditions where everyone can reach their full potential.

Kellogg funded operations efforts including job training, criminal justice advertise reform, and other endeavors an contributing to efforts that create equitable opportunity and meet broader community needs, priorities and challenge.

Our discussion today is going to feature community health leaders and partners describing their approach and how it benefits not just their organizations but the communities that they serve, with the goal of achieving health equity.

So now it is my pleasure to introduce our esteemed panel. First we have Caroline Brunton, who is program officer for W.K. Kellogg Foundation as part of the wellbeing team she provides leadership and oversight for on the ground execution of programming efforts by evaluating grant proposals, conducting background research, preparation of funding documents, grant foam monitoring, promoting communities connections, and providing grantee technical assistance.

Next is Beneta Burt who serves as Executive Director for the Mississippi Roadmap to Health Equity, which provides knowledge, tools, and technical support to individuals and communities to help them form partnerships with institutions, social advocates, researchers and policymakers to collectively create community change towards health equity.

The organization is guided by a group of Jackson communities members who are dedicated to improving the health and wellbeing of children in Mississippi.

Our third panelist is Paula Tran Inzeo. With the Mobilizing Action Toward Community Health or MATCH group director at the University of Wisconsin population health institute. Paula's area of interest and practice focused on health equity and health equity capacity building, collective community action, power building, and health in all policies. She brings a rich background of deep community engagement and applied research.

So I want to thank all of our panelists for joining us today for this really engaging discussion. Now, before we get started I want to bring up on your screens a poll question number 2. How would you rate the strength of existing efforts within your organization, community, or area to address health equity? A is very strong. B is adequate. C, needs improvement. Or D, nonexistent.

>> Nadine Gracia: Just a reminder all of the audio and slides for this web forum will be available to download on the Dialogue4Health website following the web forum. We can go ahead and close the polling and the polling results will come up in just the next few seconds. It looks like as you can see with the majority of 60 percent shows needs improvement. We have 16 percent who indicate very strong existing efforts, 19 percent with adequate, 1 percent where it's nonexistent. A need that we're seeing from the audience members in their communities. That should make for a fruitful discussion with our panelists today. With that it is my pleasure to start our panel discussion.

Also at the end of the discussion we will have a question and answer session. Please do submit questions. Now, first I'm going to start just with some questions to our panelists to provide background on their organizations and help us to frame our conversation today. So Caroline, let me start with you. Can you tell us briefly about the W.K. Kellogg Foundation and its priorities as it relates to health equity?

>> Caroline Brunton: Thank you, Nadine, I'm happy to talk to you about that. A little bit of background on the W.K. Kellogg Foundation. Founded in 1930 by the breakfast cereal pioneer, the W.K. Kellogg Foundation is a private independent foundation that supports children, families, and communities as they strengthen and create conditions that propel vulnerable children to success as individuals and as contributors towards the larger community and society. Mr. Kellogg left money to the foundation with the direction to use the money as you please, so long as it promotes the health, happiness and wellbeing of children. To do this, as you can see from the graphic on your screen, WKKF organizing the work around core interrelated areas, thriving children, working families, equitable communities. We focus on kids 0 to 8 but we realize that kids don't grow in a vacuum and context matter.

Food health and wellbeing, education and learning and employment equity. WKKF is well-known for its work on racial equity. We believe that this is part of our DNA and is woven into everything we do, including our work in health equity. When we invest in health equity work, we are always using a racial equity lens.

We define health equity as the creation of conditions in which every person can be nurtured by appropriate context and supports that allow him or her to achieve optimal health. While this is understandably very broad, we focus our efforts around several strategies.

First, promoting community leadership, power, and authentic engagement. Second, expanding strategic partnerships and networks for health equity. Third, facilitating policy and systems change. And finally, expanding access to financial, social, and human resources. Public health now recognizes that much of a person's health status results from factors other than genetics or the healthcare system. Factors including a person's race, gender, access to food, housing status, employment status, education status, and the complex interaction and combination of these factors have profound impact on health. Many of these factors are outside of the traditional purview of public health and the health system and thus require working within communities and with a broad array of community-based partners to get at structural racism at the root of many of these inequities.

I will be close here by saying we approach health equity as a process and an outcome. That is, health equity is more than just the absence of health disparities. It is ensuring that the ways in which communities create the context and support its members are equitable as well. With that I'll turn it back to Nadine.

>> Nadine Gracia: Thank you, Caroline, for that overview of the foundation, which is helpful to understand the historical perspective of the priorities of the foundation and how you go about your work. Several items that you mentioned resonate with what we discussed in earlier webinars such as themes of authentic engagement and power, certainly a focus on equity and policy and systems change. And that health equity being seen as both a process and an outcome. We will certainly delve into some of those areas as well as we continue the discussion this afternoon.

Beneta, let me turn to you. You know, we were just reflecting here at Trust for America's Health that it was a year ago that members of our team visited your organization, Mississippi Roadmap to Health Equity and we were impressed by your work.

Can you tell us more about your organization for the audience's awareness?

>> Beneta Burt: Hello. Nadine, thank you very much. Absolutely. I'm happy to be with you today. The Mississippi Roadmap to Health Equity was organized in partnership with the group of Jackson stakeholders who really wanted to be proactive about improving the health of community members. We established a mission to achieve health equity in Jackson by advocating for changes within the community institutions that influence people's every day lives. We wanted to change these institutions so that they would be supportive of the community's efforts to be healthy.

Our work actually began with a series of dialogue sessions in response to the question of why African Americans are sicker and die sooner than those in the general population. So through concept mapping, the responses were combined to create images of the many factors that contribute to poor health in Mississippi.

Community members were then able to plan interventions identified through the concept mapping process to understand social determinants of health. Chief among these were teen unemployment, a lack of price conscious fitness centers, farmers markets, no farmers markets,

a need for after school programs, and the list goes on and on.

As a result, the community along with our private sector partners, and with support from the W.K. Kellogg Foundation, we repurposed a shuttered grocery store to include all of those things that the community identified as lacking in the community and preventing people from being healthy.

So those included now, with this repurposed grocery store, include state-of-the-art adult fitness center, a seasonal farmer's market and a mobile market as well, a children's fitness center that accommodates preschool through teens, a healthy cooking school, in partnership with our local hospital, the University of Mississippi medical center; a venue for senior citizens and transitioning veterans to congregate. And an affordable rental facility for community events, and a venue for community conversations which is what we use really periodically to make sure that the community has access to a venue to discuss issues of importance to them. And we also developed through this repurposed facility a next generation learning lab that targets elementary school students.

So as a part of the concept mapping of what the community needs, one was lack of employment for teenagers. So we have also acquired a nine-hole golf course that is used to provide preemployment training and work experience to benefit noncollege bound high school graduates.

So we have been led by the community. We understand the essence of community-based communication and the time and effort that was required for us to really get the community's voice was slow and tedious, but well worth it. We have community members who have been with us since 2003 and remain committed to this process. So we know that by working with every day institutions that touch everyone's life, we can advocate for changes that are economically feasible and promote better health equity in Mississippi.

We ensure that community institutions support the community's efforts to be healthy and they are true partners in making the healthy choice a very easy choice.

>> Nadine Gracia: Thanks for that overview, Beneta. And you as well articulated some really important points as it relates, I heard you say many times about being community-led and true community partnership, and that even as you conceptualized how you would prioritize specific areas of focus, starting with that concept mapping to understand what is contributing to poor health and really being led by community engagement. These are important concepts that we'll certainly discuss this afternoon as well.

I'm also hearing the theme from both you and Caroline with that focus on youth and certainly our next generation which also has been of interest to our audience members who have been tuning in.

Paula, let's here now about the work you're doing at Mobilizing Action Toward Community Health and its relationship to the healthy heart lands work specifically.

>> Paula Tran Inzeo: Paula, thank you. What a great panel to be part of today. I'll start by saying a number of the themes that came up in both Caroline and Beneta's work resonate with our work in Wisconsin.

Impart of the University of Wisconsin Population Health Institute. Overall our work revolves around translating research to policy and practice. I am one of four units and in the mobile Mobilizing Action Toward Community Health group we focus on working with partners across our state in Wisconsin to change practices internally in organizations, to help those organizations focus on upstream drivers of health such as social determinants of health and also power building.

We work to bring stakeholders together to really shift our collective power to support shared work and action on those root causes.

Our work is broken up into three major buckets, the first being around training and technical assistance. An example of that work is that we partner with local health departments all around our state to support training and workshops to consider a health equity lens through thinking about collaborative leadership, coalition building and engaging those most impacted by the issues of inequity as leaders in their communities.

The secondary is around engaged research. In that space we focus on action-oriented research around social determinants of health like incarceration or transportation. We also package research and data to support action-oriented efforts in local communities.

The third area is around statewide alignment. We serve as convenor around our state to bring leaders together across sectors and to think about what we can do together to create shared priorities and shared action to make progress across our local efforts.

So the one example that I'll list up here and that we have been lucky to be funded by the Kellogg foundation in relation with other Midwest states is called healthy heart lands. What is unique about this funding, it has invested in the relationship building. Often funding invests in the products, whereas we know that health equity is both about process and outcomes.

What this funding has allowed us to do is invest in strategic partnerships between public health folks so that sometimes local health departments but not exclusive to health departments, to really build intentional relationships with community organizers who are focused on building power.

Several of the states in the Midwest have engaged with faith-based organizing and we have together tried to increase our shared networks and shared understanding of how community organizers and public health folks can come together to work on the social determinants.

In Wisconsin that network has been called thrive Wisconsin. We have together trained over 300 organizers and public health folks to really think together to identify shared issues. One shared issue that emerged is around incarceration reform. In Wisconsin we are unfortunately leading the nation, which means we lead the world in racial inequities in incarceration. The U.S. has the highest incarcerating country in the world which makes Wisconsin ground zero in the way to put an equity lens around incarceration work. We did two health assessments and have been a supportive partner to help cultivate a group called EXPO we credibility our resources as a university partner to lift up the voices and really invest in the leadership of those most impacted. Folks that have been impacted by incarceration as policy change agents.

>> Nadine Gracia: Great. Thank you, Paula, for that overview. I'm sure our audience members are hearing this multi-sectoral approach to addressing community health and wellbeing, to health inequities. Paula, in your work in particular in talking about prioritizing incarceration and addressing incarceration as a health issue as well as the training and technical assistance and statewide engagement that you are doing really shows this new and evolving role for public health as we think about root causes and upstream factors towards promoting good health and really addressing health disparities and health inequities. Very helpful overview for us to have.

With that overview in mind, and certainly because of the relationship between the Kellogg foundation and the work that Mississippi Roadmap to Health Equity and the Population Health Institute and the University of Wisconsin are doing.

Caroline, one might ask the question of how the Kellogg foundation's approach on health

equity and its focus on community engagement and multi-sectoral partners, how that evolved over time. How do you set the will stage to build these types of efforts to support equitable communities which really are being described as these multi-sectoral partnerships that are key to promoting health and wellbeing?

>> Caroline Brunton: That's a really great question. I think a couple of things influence that. First, health is really the oldest body of work that we have at the foundation. We have engaged in community and faith-based efforts since the very beginning. The other factor that really has led us to the approach of multi-sectoral partnerships as a key thing for health really has been the fact that education and learning and the employment equity bodies of work that we have, they all come together. It has been with the rise of the concept of social determinants of health all with that racial equity lens that is really has led us to where we are. We are in the space now where we are really concentrating on expanding the reach and impact of those successful investments. Really, trying to bring other folks to the table to engage and share what we've learned and really being able to expand some of the successes.

>> Nadine Gracia: That's great. Over the years then, even with our co-panelists with Beneta and Paula, there have been some elements that you've seen within organizations that the foundation has funded that has shown what is really required, some key elements about successfully engaging in these multi-sectoral partnerships. Can you tell us what you've seen from the foundation's perspective when an organization comes to the table wanting to partner with the Kellogg foundation, what are some of those key elements you see that led to successful multi-sectoral collaborations and partnerships to advance equity?

>> Caroline Brunton: Sure. I think that one of the key elements that we've seen is groups that already have great community relationships. As has been reiterated several times already today, relationships and authentic community engagement piece is really key. And having those preexisting relationships and having strong, good trust already there allows an organization to hit the ground running. Then another big factor that I would highlight would be groups that are able to not just work across sectors but kind of work across levels. There are really unique groups that have partnerships and networks, so they can work in the public sector as well as the private sector and the nonprofit sector, because bringing all of those resources to bear has been one approach that has been very, very successful.

>> Nadine Gracia: Great lessons, great elements. You're highlighting that everyone has really a part to play as we think about how to improve health and advance equity. So thank you for also really highlighting working across levels and engagement in the public and private sectors in addition to nonprofit.

We heard in a previous webinar the importance of really looking across the various types of partners that you can engage with to garner resources and support, similarly in working, for example, with government agencies as we heard in our second webinar with the Rhode Island Department of Health.

Beneta and Paula, with that kind of focus that the Kellogg foundation has had and certainly the work that you have done in your communities, many certainly in public health recognize the need to work closely across sectors to address the social determinants of health and really think about how to address root causes of poor outcomes.

Many may find it challenging to do so. Can you talk a little bit more about how you actually started your approach in working with those sectors? How did you frame, for example, the benefits of partnership and incentivizing them to be engaged and stay engaged? Because you've articulated a role that highlights public health both as a not only a doer but a convene

ors with these different entities. Talk to us about how you approached those and how you moved forward. Starting with Beneta.

>> Beneta Burt: Sure. We work with a number of partners. That is clearly the way in which we do our work. Working with different groups is clearly both challenging and re-pardoning in many ways. It is challenging in that sometimes groups don't know each other, don't trust even other, operate at different levels. Generally they speak different organizational languages. For example, community groups might be viewed as unnecessarily deliberative, unable to make quick decisions in the eyes of large fast-paced organizations whose members can't understand why particular issues take so long to be acted upon. Of course, health professionals may automatically say SDOH, or social determinants of health, which may mean little or nothing to the community members until they intuitively understand that determinants of health is simply social conditions in which individuals live, learn, work and play. That is a different level of understanding when the clinical or medical professionals are speaking with community groups. So sometimes community-based organizes may perceive these multi-sectoral or cross sec tomorrow groups with suspicion an not being forthcoming, only needing them for photo ops to show community participation for professional papers, for other kinds of things.

But I believe that public health professionals and community organizations are absolutely beginning to see the value in working across sectors. We have work that demonstrates that. They recognize the opportunity to collectively align with stakeholders an accelerate the transformation of community health which no longer can be done without an array of partners. Community-based organizations are experiencing a new way of working. We know that we must be willing to give feedback to partners, be willing to collect data, develop processes for doing our work, but the first and most essential element that I think that makes these partnerships work is the development of a genuine level of trust and a genuine level of trust. Once past that, I think true collaboration can begin.

We work with universities, communities, departments of health and others which created a new way of doing business for all of us. Benefits have accrued to each organization and are very beneficial to the promotion of health equity.

We can move the needle, I think, if we truly understand the differences between equality where everyone is treated the same, with the same resources and the resources are deliberated equally as opposed to equity where everyone has what they need to be successful, where there's a level playing field and in which all people have the sale opportunities to better themselves and no one is unfairly or unjustly advantaged.

So when you have different groups coming together, the language that each speak has to be understood first, I think, before there is any actual movement. Then after developing a level of trust you then have the ability to really with get down to the issues at hand.

>> Nadine Gracia: Thanks for those wise lessons, Beneta. You certainly speak from what we can tell is a place of experience. And you emphasize the point of having a genuine level of trust. Some may say yes, we understand that concept and that principle, but have challenges in how to actually forge that trust among partners, between partners in the community.

Can you give us an example of something that you may have done specifically in your work in the Mississippi Roadmap to Health Equity in which you have seen that progression of perhaps there were concerns about trust amongst the partners, but that you have been able to actually strengthen and fortify that to really work together on a common agenda.

>> Beneta Burt: Sure. I think that one of the things that I think about is our work with local

hospitals. It has broadened our work in what we've done. And since we were organized to advocate for changes within community institutions, we needed to work with other partnerships so that our work could be realized.

So we started working with local health departments, University of Mississippi medical center around the issue of breast feeding. So in order to really did do this work together we had to simply understand each other and trust each other and to build relationships.

We are now involved in a nationality initiative called build health challenge. And bold, upstream, local and data driven is BUILD. Mississippi Roadmap to Health Equity serves to lead that organization. This is very new in which the community-based organization is the lead organization.

And the medical center provides the match. That the State Department of health provides other services that coincide with this actual group. So this process kind of shifted the partner dynamics by requiring us to be the lead partner. But it was not the easiest process to go through, but I will tell you that it is absolutely the very best thing that we could have done.

What we've really done is developed a genuine relationship that now extends into other parts of our work. And this partnership is put at the center of the question of how we reduce disparities. We organizationally need each other for the long-term if we are going to improve health for Mississippi residents. We know that when doctors see our children who may have asthma, that they can't consistently and continuously give them medicine for asthma, but they have to figure out what is going on in the home to see why this child is coming back.

So collectively, communities and medical centers and other health facilities need each other to improve health in Mississippi. It is what we are doing, and finding that it absolutely makes sense.

>> Nadine Gracia: Great example, Beneta and an importance tan point which we often hear about in the community-based organizations which may be part of the collaboration but are not always in the position of leadership of that organizations. Your example of showing how community-based organizations serves as the lead organization and how other institutions, which may be larger institutions, can actually learn from and effectively partner with such organizations to address community health and health disparities. I think that's a really important point and example that we can learn from.

Paula, your work with the criminal justice system I'm sure has been one where there have been many lessons to bring together public health and focusing on the criminal justice system and criminal justice reform.

What kind of lessons and advantages but also challenges have you seen with regard to bringing these two sectors together and ways in which to keep those partnerships really effective and meaningful again with the common goal in mind?

>> Paula Tran Inzeo: Thank you. Again I think several of the points that Beneta made I think are true for us. You don't get very far without trusting relationships and in addition to criminal juts, we work with several other sectors, including transportation an housing, economic development, community development, planning an faith leaders. I think some of the early frameworks that we've adopted to shape the conversations with other sectors has really built on health in all policies thinking. So really assuring that equity is at the forefront of those conversations and really thinking about the benefit of multiple partners. In many ways public health which is where I hand as a sector needs to put their own agendas aside, at least in part to really figure out where there is shared interest. Something that we've really earned from community organizers is that when we go and engage with partners, we need to A, be

consistent, show our commitment, be there when there is and is not funding to support that work. And that these relationships with stand time but also we have a big interest in the interests of our other sector partners as well as our community-based partners. And that I think has a lot of civil parts that have cross cut grants and projects over time and especially in criminal justice where the narrative, the dominant narrative is one that we are all fighting against that really perpetuates criminalizing folks, perpetuates the lack of humanizing of folks impacted by incarceration that we need to do quite a bit of work to show both our criminal justice partners that we care greatly but also those impacted by the issue, that we care about those folks as humans and family members.

So really embracing the health in all policies lens and picking up on what we've learned from organizers, community organizers around self-interest, building power around shared interest and building coalitions and alliances across those ins while we try to shift the dominant narrative that make all of our work harder to build equitable communities for all folks.

Those are some lessons that dovetail on the things that Beneta has talked about. And this I think speaks to public health 3.0, the way that we are being encouraged nationally to rethink our role as chief health strategists to leverage resources and our spheres of influence to a shared place. Sometimes that means public health needs to go to other movement spaces that have the credibility on the ground.

>> Nadine Gracia: Excellent points, Paula. One in raising public health 3.0 indeed, that this evolution of the role of public health and public health organizations and leaders, those who work in public health and chief health strategists. You raise important points, many times we are convene others bringing others to the table. Other times we are going to other sectors, joining their work and being a partner in that and being comfortable in both of those spaces and knowing how to, as you said, set our agendas aside in a way in which we can actually come together toward some shared goals.

You know, you talked about health in all policies. Often what we hear from some of our partners is: How do you convey health in all policies, for example, to the other sectors in a way that it resonates for them, that it shows it is relevant to the work that they are doing? Are there some tips that you would share? For example, you talked about not only partnering with criminal justice but also transportation an housing and faith-based organizations and faith leaders.

This conveyance of health in all policies that still resonates such that it is a shared goal and shared agenda for these kind of multi-sectoral partnerships. Any tips you would share with our audience on the narrative in that framework?

>> Paula Tran Inzeo: Absolutely. I would say start using the language of other sectors. I think Beneta made a good point about public health coming in and using all of our jargon and our acronyms, SDOH, health in all policies, studying other sectors and doing the work of identifying what the shared value is. For example, in comprehension itch planning many planners have to, and local municipalities need to develop long range comprehensive plans. That in effect is a health in all policies document. It is planning out the development of a community over 20 to 50 years.

So I think again really doing the research of the other sectors that you are interested in and already uncovering where there is a natural place for a hell lens to be included, comprehensive plans is one of those places.

Many police departments are taking the lead on violence prevention work. That's a natural place for a health lens to be included. Hospitals systems have community health needs,

assessments requirements. In housing there are housing plans and development plans. We are working with community development financial institutions to think about health an equity in the context of lending and borrowing.

One thing I always encourage is to really study the people you want to work with and study those sectors. And almost all of them have statutes or requirements or practices that they have to follow. And they are generally willing for folks to offer ways to include a perspective that would enhance the work. Then really figuring out how to communicate that enhanced work in a way that makes sense for that sector.

For example, planners often have requirements around engaging the public anyway. If a public health department is offering to help support an engagement process with communities most impacted, they can generally see the value of where a health department may offer something as long as the health department or public health partners are doing the work to identify where the value is and really being clear about what the value add is of the partnership.

>> Nadine Gracia: Great messages, Paula. Caroline, from your perspective at the foundation, working across so many communities across the country, with the notion of advancing health in all policies and equity, working in a multi-sectoral fashion in that language of how to approach those partnerships, are there key lessons you've seen and/or feedback you've gleaned from the communities that the foundation has been supporting and working with that might be helpful tools for our audience today?

>> Caroline Brunton: Yes. I think that one important thing to remember when working with communities is that if you worked with one community, you've worked with one community. That there's really kind of no blanket approach. We use the term models a lot, but I always hesitate to use that because it seems like people interpret that sometimes as you can just take something that has worked before and adapt it. Or put it on another community. That is not something that generally works. Every community really has their own challenges and their own struggles and their own priorities.

Being able to understand those helps you adapt approaches that work to make them really tailor made for that community. That is a really important thing to remember.

>> Nadine Gracia: Great. Thank you for that, Caroline. We talked about community and kind of the different partners that may be in communities, whether it is by sector or by level. For example, talking about public and private sector.

There's another part of the community which Paula and Beneta, you both touched on. I would like to delve into that a little bit more which is the partnership and collaboration between public health and community organizers. Some who may think, is there a role of that engagement between community workers and public health? Or are they really separated? And how if we are going to bring them together, how do we do that?

Paula, you specifically focused on this collaboration in addressing effective partnership between community organizers and the field of public health. Can you tell us more about this work? Why it's so important? Maybe give us an example of a success where you've seen these two entities coming together.

>> Paula Tran Inzeo: Sure. In part thanks to the Kellogg foundation for helping to support our thrive network getting off the ground. That is bringing community organizers in partnership with public health. These two sort of fields or disciplines have a long history of partnering. It was really community organizers at public health as well as many or sectors working on labor and occupational workplace reforms and some of our early wins in public health were public

health people and organizers working side-by-side around child labor laws, occupational health laws, et cetera.

I think this healthy heart lands work has been a call back to creating necessary partnerships. Now you see the work that human impact partners and others are leading nationally, like the there are inside and outside strategies. To make change it can't be public health and can't just be government, right? It needs to be folks that are working on the inside to change our practices and policies, about you we also need the leadership of the community to A, keep an eye on the north star to where the work needs to be done, invest in the community leadership because at the end of the day it is always community leaders holding government accountable for what needs to be done, especially for those most impacted by inequities.

Also continuing the momentum, right? I think if one sector is only leading the charge, then it can become stagnant without external forces moving it along and celebrating it when there are successes. We have done quite a bit of training across public health folks and organizers to develop shared language and also to identify where there are possibilities for shared action. If you've ever worked with organizers, you know that they enjoy getting to action generally faster than public health folks who often need to analyze with a fair level of comprehension.

So some of the actions that we've really tried to focus on is around again the social determinants of health which is where criminal justice emerged as a key area where we saw shared interests that incarceration has huge impacts on the health of communities and has huge impacts from an organizing perspective, the power of people in communities.

So we have completed two health impact assessments and often these tools and processes are ways to engage in a very clear form of partnership, which I think was a point of struggle for several of our partners to begin with. How do we actually engage in these partnerships?

Health impact assessments were a concrete way for public health and organizers to come to the table. There were steering committees and advisory groups and input very clear ways to offer the assets of both organizing and public health. We are able to share data, share literature and information and connect to their spheres of influence. Other government agencies and organizers really led the process of identifying where there were key solution points, offered a rich amount of contextual and qualitative data to really understand, give the numbers, faces and meaning so that we could really deeply understand what is going on for folks most impacted by incarceration. The reports were packaged. Then organizers largely led the way around ensuring that decision makers had the information in their hands as well as continued that accountability as they made policy.

With our first health impact assessment, treatment alternatives to diversion, we observed that narrative change. We started saying less things on tough on crime narratives and a move to smart on crime narratives and allowed space for humanizing the experiences of people that were in impacted by incarceration. We saw some narrative shifts due to lots of broad work, not just through the NHIA. Over time we have tracked 600 percent increase in alternatives to treatment diversion investments across the State. We were able to write a new grant with these organizers to really cultivate the growth of a specific group of organizers that were about the leadership development of those most impacted. We initially began by working with wisdom, a group across the state and they realized through lots of their own work that a new space needed to be created that was strictly and explicitly about the leaders of those most impacted. That's where EXPO has grown and now is relation to wisdom with statewide work. That organization is by, for and driven by people most impacted by incarceration are leaders in identifying solutions, training folks in order to move change around mass incarceration in

Wisconsin.

>> Nadine Gracia: Great example, Paula. Really wonderful work that you've done at impact with regard to increasing the number of individuals who actually are able to go through diversion as opposed to incarceration. Certainly it demonstrates the value of that collaboration.

You know, for some they may think they know what community organizing generally is. If they are in communities and not actually sure who community workers are, what are some examples? You talked about who you worked with. If you're in a community and you're trying to understand who the mobilizers are, is there a way to identify and understand who are indeed community organizers who will have that trust as well that you can partner with to engage in this type of work? What are the first steps in understanding who they are and how to engage them?

>> Paula Tran Inzeo: Sure. I will just sort of echo what Caroline said earlier. Community organizers are not necessarily a monolithic group. There are many disciplines and effects, I would say, types of organizing. We have partnered most closely with folks who worked with the familial organizing groups. That's a very particular process around how they build power in communities and historically has been around congregations-based organizing. Other groups will organize tenants around identity constituents such as social identities. I would say, I think to go to the communities where you want to be in partnership and show up and understand the processes they use, some nonprofits tend towards more community development. Community organizers are uniquely, that are power building, have infrastructure to build leaders that, for example, through familial there's week long training that folks attend leadership development training. So identifying groups that have a very specific way that they are bringing those most impacted by the issues and building their leadership so that those impacted are leading meaningfully. Boards and solutions and strategies and campaigns are the hallmark of those that are really power building with the most impacted.

Other organizations might be using more sort of -- organizing models, which is about building power with in particular identities versus around congregations. So I think there is no cookie cutter way to identify, but really paying attention to the processes and impacts related to how folks shall building relationships and building power through processing outcome. And there are regular structures to building act with. That's one way to notice if a nonprofit is using the power building model versus a broader sort of community development model.

>> Nadine Gracia: Great. Thanks for that description, Paula. Very helpful. You have been talking about building power as is Caroline and Beneta. And we know that sometimes with multi-sectoral partners, sometimes tensions can arise. Paula, in particular, I know that is something you are quite familiar with and you teach how to embrace that tension in building and working to build power across your partners.

Can you talk a little bit about this concept of embracing tension? And an example of how you've seen this work well? Certainly Beneta, as well I know in Mississippi you have had this engagement as well with community leaders.

Let me start with Paula with regard to this concept and notion of embracing tension and how to work through that to actually be able to have an impact for the community needs.

>> Paula Tran Inzeo: Paula. So this is one way to notice if you are working with a particular power building group is there is a practice and discipline around recognizing tension as a good thing. So many community organizers at the end of a meeting will do a quick evaluation. One of the evaluation questions will be around tension. Observing tension is an opportunity for

change. Any time change is happening, there should be tension occurring. So there is pretty deliberate training in those organizing spaces to identify the tension and really work through the tension in a meaningful way versus running from it.

So when we started to initially bring public health folks and organizers together in Wisconsin, there is a particular sort of sensibility around public health folks in Wisconsin. We have quite the reputation for being friendly and nice, and I think when we were in our early stages of bringing organizers and public health people together when we talked about tension and when we talk about power, that made some folks uncomfortable.

We have done work to name when that is happening and to try to normalize the recognition of tension and to work through tension collectively, name it and sort of describe what is happening in order to work through it in a healthy way in our ground rules and as a way to observe opportunities for change and impact.

We certainly have a lot of growing to do in that area, but we are, I think, moving closer to a place where people are increasing their comfort around identifying the tension, naming the tension and not running from it or seeing it as a sign of potential change rather than a sign that things are going wrong. That is something we really learned from our organizing partners to step into that space so that we can use and leverage tension intentionally and towards change.

>> Nadine Gracia: Excellent lesson, observing it and seeing it as an opportunity for growth and not running from it. A key lesson for everyone listening.

Beneta, can you talk about experiences you had or lessons you would share with regard to tension you may see in multi-sectoral partnerships and how to actually leverage that for the benefit of the community that you're serving?

>> Beneta Burt: Sure. You know, when other groups who are unfamiliar with each other come together, there is an air of unfamiliarity. And the people first do what is in it for me kind of analysis to kind of see how the things that they are engaged in will benefit their particular organization or their particular area.

But we are able to work with, particularly with public health officials in a different kind of way. Because community organizations, as we try to overcome some of the obstacles we have in perhaps trying to do grants, trying to do other kinds much issue-oriented papers, that we understand that public health officials actually can help us. And I think that we in turn can help them to overcome some of the obstacles that Paula was talking about in terms of being a part of the community.

Somebody said there is something interesting about indigenous leadership. When you are coming into an organization, when you find that one, two, three, four persons who really affect the community's stance on certain issues, that is a way of overcoming the kinds of obstacles that people would have without the benefit of those individuals intervening because communities just don't allow you in. I mean, you will get polite applause, but you will not be able to get to the point of where there's real work going on. So communities have to trust folks to come in. They have to visit them more than once. And they need to have the opportunity to allow the community to lead. Often times or many times, I should say, sometimes people come into the communities with an opportunity to do a professional program or something. And they then ask the community to participate. And the community never hears from that particular event.

And so that just includes more suspicion in terms of why people are doing photo opportunities in the communities.

And so I think that to overcome those obstacles that you come into the community or with the

idea, this is what we are doing. We need to be there at the conceptual stage, at the funding stage, at the evaluation stage. And then you develop a partnership that helps to overcome all the other obstacles that might happen. We've seen that in a number of our work.

Now we are, you know, these are partners that whenever something comes before us, that interests us as a community, we know that we are able to call each and every one of them to sit around the table and write whatever we are doing for the benefit of the constituents that we are trying to serve.

I think that's a major way of overcoming any obstacle that you find. The familiarity and trust and having participated from the beginning to the end. Sometimes community organizations will say: Well, we got the narrative but we never saw the budget. When something results from that particular event, then you might hear somebody say well, there is X number of dollars available for the budget for the community. But you feel left out because you didn't complete the entire process.

But I frankly see that changing. As organizations, medical and community organizations work closer together, that those kinds of obstacles are being met and are being met successfully. As long as community understands that there is a community voice in every effort in which you want participation, I think we are able to move the needle and overcome most obstacles that we face.

>> Nadine Gracia: Thank you, Beneta, for those lessons as well as examples of how community leaders felt that they have been excluded in certain parts of partnerships or coalitions.

We are going to open it up now to audience questions. We've actually been integrating some of the audience questions into the questions I have already been asking our panelists but we will turn to some of the questions that are starting to stream in as well. We encourage you all please to continue to submit questions. We are going to respond to as many of the questions as we can with the time remaining.

I would say not surprisingly there are quite a few questions coming in on this issue of trust, which I think kind of elucidates what some may be grappling with in their communities as they are engaging in this work to advance equity.

One of the questions we received is: If any of our panelists have used or know of a specific metric regarding trust where you can gauge a level of trust between groups and organizations within a community in the work that you do. If not a metric, other tools that you may have used to really gauge trust in your partnership efforts.

>> Beneta Burt: Well, Nadine, one thing that we did, we as a community group really took time to understand the essence of community-based participation. And at the end of that process our group understood that we had voice. We understood the other groups' positions. We knew that if there was a particular issue that was going on in the neighborhood, that was of importance to the community, that those particular issues had to be worked with and resolved through neighborhoods and through community folks in order for them to be, to really be brought to the fore.

So once we understood that, then we were able to kind of tackle some of the issues around health disparities. That's what we decided to do when we finished our long lessons in the art of and essence of community-based participatory research.

As a result of that we were able then to look at the interventions that the communities needed. We were able to know how to approach them in order to develop these particular interventions. And the community once engaged and once understanding that they really are the ones who

move these efforts, then you really see some really movement along the lines of changing the perception that community members have in regard to or in relationship to other sectors of the community.

>> Nadine Gracia: Great. Thank you, Beneta. Paula or Caroline, any additional points you would like to share of potential metrics or other types of tools you are aware of or have used to gauge level of trust between groups in the community?

(There is no response.)

>> Paula Tran Inzeo: So we've used some trust metrics. We also used metrics around coalition building and the sort of cohesion of coalitions.

We do quite a bit of coalition training within the context of our work. We also will use tools like social network analysis to measure the strengths of bonds or ties between organizations within a network of organizations in a community. So we played around with a couple of different measures. We just have had two action researchers on our staff for just about a year and a half. So we are building out measures to explore these further, but have dabbled a little bit in coalition level measures related to the strength of ties between organizations and how individual organizations within a network perceive the value or utility of their relationships to other groups in a network.

>> Nadine Gracia: Great. Thank you for those examples. I'm going to stay with the theme of evaluation and metrics. We've got interest as well, both of you actually shared some of the indicators that you use. As it relates to effective partnerships. I want to ask this question explicitly so if there are other metrics our tools you want to share.

The question is, are some of the indicators you might use to monitor or determine if a partnership is effective. The questioner notes that they often look at satisfaction and look at work plans and the proves work plans but aren't sure if they are capturing whether the partnership is actually doing more by being a partnership, whether they are actually having an increased impact by being a functional partnership.

Other than some of the other ways in which you've discussed already, are there other metrics or indicators you used that you found effective in assessing a partnership?

>> Paula Tran Inzeo: Paula thing that we have been working on for about two years now as we have been doing some strategic planning is to flesh out a theory of change related to advancing health equity that focusing on power as a root cause of inequity.

So we are combining that with also measures of advocacy, capacity building as well as thinking about how we are contributing to a larger body of work to advance a field around how we do health equity work. Much of our literature around health equity has not come to consensus on how we actually engage in health equity practices. So we are building out a theory of change as well as metrics to guide all of our training and all of our evaluation. We are working on that now and hoping to have a few papers out soon. But we have been drawing pretty heavily again on power building theories of change. So drawing on that kind of literature as well as community empowerment literature that really comes out of community psychology.

Then really thinking about how we build a field. So really drawing on those metrics. We've used Robert Wood Johnson foundation's case studies on field building to guide some of our evaluation questions on what it would look like if we all came together and identified as part of a health equity practice field and shared impacts. So I guess from a partnership standpoint it is tough to focus on effective partnerships without also focusing on what is the part for or designed and intended to do. And if it is about health equity that brings up natural questions

about how you are evaluating short and long-term change related to health equity. I think that's nationally where our literature has a lot of room to grow. As focus are grappling with evaluation I suggest connecting the dots between impactful partnerships, effective partnerships and what is actually the thing you are trying to change and what are the assumptions you are making about how get there so that your partnership evaluation reflects your theories of change.

>> Nadine Gracia: Thanks for that, Paula, and thanks for mentioning some of the papers you have on the pay in the pipeline. I'm sure audience members are interested in seeing those when they are published and released.

If there are, I'll offer this, some interest from the audience as well, if there are any current evaluations that might be available, for example, on your websites or other places if they want to learn more about the specific initiative both in Mississippi and the work you're doing in Wisconsin, that they may be able to read, we're happy to share your websites certainly as part of the follow-on to this call. If there's anything particular you would like to share at this time as to some evaluation materials or resources that might be available, please feel free to share those at this time.

>> Caroline Brunton: So I can mention that the Kellogg foundation worked with the University of Michigan on the evaluation of our community-based food and fitness program that began in the mid-2000s. That evaluation was just published in an open access version of health promotions practice. And it is available, open access in perpetuity. I can make sure that I follow up with a link to that so everybody can see it. It is a compendium of some 15 articles that really walked through soup to nuts of the entire initiative. While it is focused on the food and fitness work there are a lot of great lessons from community-based initiatives and working with communities and community coalitions that I think might be beneficial for others.

>> Nadine Gracia: Thanks for that, Caroline. That will be a great resource. So we have another question on how to be able to address potential partners and government agencies where there may be silos. And perhaps differing levels of engagement or seeing the value of multi-sector interventions.

Any key adviser take-aways you would share in trying to really work across sectors and agencies where there may be a more siloed approach in how to help see the value of those types of partnerships?

>> Beneta Burt: I'll give you an example. I think it might be applicable to this.

Municipal government does not operate programs. However, in our work in trying to develop venues to provide preemployment training for noncollege-bound high school youth we were able to acquire a nine-hole golf course for the purposes of doing that. And the process for working with municipal government and developing an MOU that was both beneficial to the city and to our organization and our prospective trainees was very interesting. And the note or the lesson from it was that communities can in fact work with municipalities. The municipality simply has to see the benefits from it can use for the long-term. And that the organization has credibility; that it is a good steward of funding that it may get. And if you are able to do those kinds of things and satisfy those kinds of concerns, municipalities -- one grant may lead to another effort, serving on different kinds of boards. Just developing relationships will in fact help to move obstacles that may have been there before. As a result of this we will be able to develop a golf course school for elementary students. And it all happened as a result of our having conversations with city officials and with other city staff in terms of helping the city to meet some of its goals that it couldn't meet with the golf course.

>> Nadine Gracia: Beneta, thank you for sharing that perspective on municipal government, a key partner at the local level. It's helpful to share that.

We are going to take another question before we move to some key take-aways, which is this is a common thread that we've heard from our audience members with regard to the sustainability and really describing the sustainability of efforts around these types of initiatives, especially specific to funding and funding this type of work and here the work you're doing that is across sectors and embraces partnerships and collaborations.

Any words of wisdom and some concrete take-aways that you can share as it relates to the sustainability in particular as it relates to funding in this work, especially if it's an initial grant or other things, that that grant funding benefited, and how did you build that sustainability into your work?

>> Beneta Burt: Well, I think that in order to build sustainability, the community has to maintain the core of the work. And that's really done through a series of or levels of individuals in the community.

Also the work, if the work that you do has a core that resonates with other organizations, with local governments, with state governments, with other foundations, then you are able to leverage that work into other areas to help sustain the work.

Of course, sometimes we don't look in our own backyard to find sustainability kinds of things to continue the work. So I think we have to do an assessment of our neighborhood. We have to make our communities a prize of what we do. We have to let them know exactly the work that is being done and get them involved to the point where they are invested.

So when funding may leave a particular grant, you are able to develop a coalition of other individuals.

One thing I think that is really important is that community organizing around efforts right now in terms of what communities need are the kinds of things that can pull different segments of the community together under one umbrella to actually demonstrate a need that might resonate with a particular funder or with the public and private sector. Many of the opportunities I think that we have are aligned with some of the opportunities that private sector companies and organizations will fund and will be supportive of if they know of the work that community-based organizations do.

Sometimes particularly private sector members don't think that nonprofits are accountable. So I think that those kinds of issues have to be alleviated. Then you are able to have local organizations to help to sustain the work that you're doing.

>> Nadine Gracia: Thank you, Beneta, for that, the importance of sustainability. This is our final question that came through which is: How do we talk about health equity in more conservative communities? I think some of our audience members may have experienced challenges in how to frame it where there are more conservative environments.

Any of our panel, it's open to you to answer.

>> Paula Tran Inzeo: Paula take the question of how to talk about equity in conservative places. Wisconsin certainly has some interesting dynamics happening, for those of you tracking our politics.

I think what we focus on in communities where we know they might not share some of the language we use in other spaces is to really focus on what our shared interest is. We know that folks in Wisconsin regardless of their political ideologies care about the health and wellbeing of their kids, of their families, that they are struggling very much with how their parents are aging, their access to resources, gas and transportation and education and how

they are putting food on the table.

So I think really zeroing in on our shared interests. We know that there are many shared interests. Really focusing on the meat of that and not getting lost in maybe our differences in how we think we can get there or some of the more politically charged ideas that are running in our narrative right now. Really focusing in on what do we have in common and so we do leg work before we go into communities to understand what issues are emerging, where there are natural places where communities are coming together already. So what are the assets in places versus coming in with all of the data that tells them all the things that are wrong with their communities, but really going in with curiosity and using approaches to appreciate all the wisdom and assets that they have.

So we really -- rarely go into an community unless we are invited. If we are invited we lift up all the strengths of the community and focus in on where we have shared interest and where we as a university partner intended to serve the entire state, to really understand where we can add value. We do a lot more listening and we offer and we make good on our promises. If we say we will be there, we will. We do our best to figure out what we can say yes to and sometimes that is not a lot, but a yes to even a small request can go a long way. Then checking in on folks longer term.

So again that combination of building relationships, finding shared interests and lifting up those assets would be one way that we approach any community. Especially when we know we might have differences and how we understand how change happens.

>> Nadine Gracia: Thank you, Paula, for that. It's great to have the geographic representation we have had on these webinars. Great to have your perspective from Wisconsin and others. So thank you for that.

That is going to round out our audience questions. We thank everyone who has been staying with us through the end. I want to say we are at the end of the web forum, but I do want to bring it up to the last poll question. While you are answering that poll question I'll do some acknowledgments and share with you the topic of our fourth and final webinar series. With this poll question as you think about health equity in your commune what is needed to make a stronger connection? You can select all that apply. Really, how do you build those connections of whether it's having more examples of additional efforts, how to engage multiple sectors, the research for anchor institutions. As you know, institutions such as universities or hospitals rooted in the local communities and how you foster that engagement or more information on the win-win of these kind of multi-sectoral collaborations or all of the above. While you are answering that poll question, I want to thank you all for participating and thank our excellent panelists, Caroline Brunton with W.K. Kellogg Foundation and Paula Tran Inzeo with the Mobilizing Action Toward Community Health, Beneta Burt with the Mississippi Roadmap to Health Equity and our sponsors, the would be wood Johnson foundation, the California endowment, W.K. Kellogg Foundation, and Laura Burr an her staff and to our audience. We appreciate your participation in today's web forum.

Why don't we pull up the poll question. As you can see, we've got more than half who indicated all of the above for things that would be beneficial to help create that connection in your work in advancing equity. We will continue our efforts to help shine a light on these innovative collaborations and other partnerships to advance health equity. This is part three of our Taking Action to Promote Health Equity series, Breaking Out of the Box, innovative collaborations. You can download a recording of this web forum and others in the series at [Dialogue4Health.org](http://Dialogue4Health.org) and [TFAH.org](http://TFAH.org). We hope you will join with us on the last in this web

series, creating change through leadership, two extraordinary leaders, a mother and daughter, share their experiences promoting racial equity. This is on November 1, 1 you don't want to miss. Two insight full voices, Dale Christopher, chair of the board of directors of Trust for America's Health a long time leader in philanthropy and former leader at the W.K. Kellogg Foundation and now President and founder of the center for healing and nature and her daughter, the immediate past President and senior distinguished fellow and frequent media contributor. And the first time in a national forum they will discuss how to create change at the individual community organizational and systems level. Really talking about inside-out change to be effective equity leaders. They will be focusing on our nation's unfinished work towards racial equity and the need to change the narrative and belief that fuels inequities.

During the conversation we'll talk about the Kellogg foundation's truth and healing initiative, as well as a transformation process and their new research on how to talk about race and class. Again thank you all for tuning in. Thanks for staying with us a couple minutes past the hour. This concludes today's web forum.

(The web forum concluded at 4:07 p.m. EDT.)

(CART captioner signing off.)