Leadership + Partnership + Implementation = COMMUNITY ENGAGEMENT
Housekeeping Notes

- If you have technical difficulties call **1-866-229-3239** for assistance
- Use the “Q&A” function to submit questions or any technical issues
- Participate in the Web polls
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- The Webinar will be posted online. Check the Place Matters Web site for more details.
PLACE MATTERS Webinar Series

1. Engaging Your Elected Officials in the Fair Health Movement [4/15/09]

2. Benchmarking 101: Measuring Your Progress [7/22/09]


4. Leadership + Partnership + Implementation = COMMUNITY ENGAGEMENT [10/28/09]

5. Strategic Fundraising and Resource Development [12/09/09]
AGENDA

• Welcome and Housekeeping Notes; Introduction of the Presenters [Nehanda Lindsey]

• What is Community Engagement? How do you plan and implement it? [Mizell von Nkosi]

• Case Studies: Alameda County [Alexandra Desautels] & Martin Luther King, Jr. County [G. Maria Carlos]

• Questions & Answers; Closing Remarks

• ADJOURN
Our Presenter

Mizell von Nkosi
President/CEO, The MXD Collaborative, Inc.
Goals and Overview

- Identify key sectors and their potential champions;
- Develop strategies for community outreach;
- Develop strategies to build and maintain effective partnerships;
- Develop community and organizational leadership; and
- Develop strategies to implement the team’s PLACE MATTERS work in the community through collaboration
QUESTIONS

- How do you move your health equity agenda?

- How do you impact regional change by getting people inside and outside of the field of health to buy in and support your cause?
ANSWERS

- Visionary Leadership
- Dedicated core staff (3-4 people)
- “Making the Case” (economic vs. just pulling heart string)
- Volunteers/Partners [grassroots to fortune 500]
- Topflight consultants [local & national]
- Strong financial support (philanthropic, private/corporate, & limited public)
- Stick-to-itiveness (10+ year commitment) and
- Time (most important)
Section 1: LEADERSHIP

Partnership Building & Retention
Leading from the Front, the Middle and the Rear
Leadership

- Good servant leaders know that sometime to be most effective one has to lead from various positions.
- This means leading from the front and rear when appropriate.
- Also leading from the middle is required from time to time to be a connector and bridge builder.
Leadership

The core leadership methodology of this presentation is from the middle.

In order to build an effect and diverse coalition you and members of your team will have to act as connectors – bridge builders.
Leadership Requirements

- Knowing one’s strengths and challenges
- Knowing the strengths and challenges of those whom you lead and follow
- Forging alliances with those who compliment the strengths of your team and who can shore up the gaps
- The ability to ask for help
- The ability to win friends and influence people
- Knowing when and how to “let go”

These abilities can be both innate and acquired through life experiences and formal training.
Skill Sets

- Too often there is a belief that acknowledging limitations, challenges or weaknesses is a sign of being a poor leader.

- To the contrary, a person who can acknowledge and identify their challenges have an advantage over those who make an effort to mask theirs.

- Leadership requires identifying strengths and limitations, and leveraging them.
Skill Sets (cont’d)

- The larger the issue, like health equity, to be tackled the more leveraging will be required.

- Thus the goal is to acknowledge ones limitations then find allies to fill in the gaps and compliment the skill sets you do posses.
Next Generation

- Health equity work will take time (10, 15, 20+ years) to take hold for your target population.

- It is the responsibility of a good leader to prepare the next generation of leadership.

- Seek out an apprentice(s) to carry on this work and transfer knowledge.
Section 2: PARTNERSHIP

Recruiting and Keeping Stakeholders at the Table:

Building an Atmosphere of “Safe Space”
Create a “Safe Space” to ...

- Assemble people from different points of view about the issue, i.e. health as a quality of life issue.
- Dialogue and establish trust.
- Come up with solutions that can be embraced by a wider audience.

Remember that everyone in the group will not agree with every decision.
Build & Sustain

Convene Key (Primary) Stakeholders from:

- Research (data)
- Political (policy)
- Advocacy/PR & Marketing (communications)
- Demonstration projects (implementation)

*People from these disciplines will form the core of your “coalition”*
Assign Tasks

- As you expand your group, break it up into 3 sub-committees first:
  - Data
  - Policy
  - Communications

- Once you decide on specific projects, then establish "demonstration project" groups

- People will gravitate towards what they believe is important, or where they think they will be most helpful
Develop the Organization

- Select Champions as Subcommittee Chairs (as time goes on they will be voted into place)

- Establish monthly meetings for the Subcommittees

- Establish quarterly meeting for the Full Committee (Subcommittee chairs/staff can present their work for the previous 90 days for feedback and future direction)
Section 3: IMPLEMENTATION

Your Committee Takes Ownership;
You Facilitate and expand the agenda
(leading from the middle)
Action Steps

- Committee needs to take ownership of the initiative and become champions
- Members need to become ambassadors and spokespersons
- The data collected should be geared towards providing the evidence to support your PLACE MATTERS work linked to the interest of your partners and policy makers
- MAIN GOAL: Convince those in power (i.e. policy makers, business people, etc.) that poor health outcomes affects THEIR bottom line (economic/business case)
Action Steps (cont’d)

- It can take two to three years of working together for your committee to take complete ownership of the work (be prepared to relinquish control, lead from the middle or the rear).

- A major achievement: You become a facilitator of the health equity movement.

- The committee will ultimately determine the annual work plan (i.e. data to collect, policies to push, & communication/messaging).

- Establish strategies for sustainability (leadership, transition, financial support). This will increasingly become your role.
The Result: COMMUNITY ENGAGEMENT

“If you are not at the table then you are on the menu”
Inform the Community

- Initially host/sponsor learning events around health equity and what it can mean for an “improved quality of life.”

- This is to “Educate & Inform” – “Make the Case” with Data (just the facts) - However tell a story...
Connect the Dots

- Provide the answer to the “So What?”

- Connect these facts about health inequities (of your particular focus) to quality of life and pocket book issues,

- Elevate these issues for policy change with concrete solutions/recommendations.

- By “connecting these dots” people/professionals from all walks of life (see your talent matrix) will gravitate to become a part of your movement.
Key Messages

- Use the health equity messages that impact the community (quality of life and economic)
- Create supporting health equity messages that show results
- Customize messaging for different audiences.
- Develop communications that offer solutions vs. just the existing problems.
Convey the Message

Tell your story with images and graphics to which people can relate.

Develop a communications plan to promote your *PLACE MATTERS* work tied into interest of your potential partners.

Move the conversation to messaging that would encourage policy change.
1/3

For a working family earning between $20,000 and $35,000 a year, the average cost of transportation in a location near the core was 26 percent of total income. But for those living in the outlying suburbs, that figure rose to 31 percent.

spent on transportation

63%

Over 60 percent of jobs in metro Atlanta pay under $40,000 a year and fully one-third of households earn a total of $40,000 or less. Despite their number, very little housing is being built for these families.

earn less than $40,000
INspirational Models from Elsewhere

Chicago, Illinois: The “Preservation Compact,” a rental housing action plan. Despite a growing demand for affordable homes, the Chicago region has suffered a steady decline in its supply of low-cost rental housing. Fueled in part by condominium conversions, aging buildings and expiring government subsidies, the loss of affordable rental homes is a critical challenge in a region where more than 38 percent of households rent. To reverse this trend, Chicago’s business, government and nonprofit leaders recently collaborated with the Urban Land Institute (ULI) on a multi-faceted and comprehensive strategy to preserve and improve 75,000 existing rental homes in Cook County by the year 2020.

The centerpiece of the new plan is a Preservation Fund supported with seed money from the John D. and Catherine T. MacArthur Foundation. Backed by public agencies and a consortium of local and national banks, the $100 million fund will provide a source of capital for preservation-minded buyers to finance the purchase and revitalization of properties at risk of being lost from the affordable rental market.

Launched in May, 2007, the “Preservation Compact” also includes: initiatives to coordinate housing policy among local, state and federal agencies; a data clearinghouse to provide early warnings of properties at risk; technical assistance and loans for energy-efficient improvements; and a reduction in property taxes for multi-family rental buildings.
HOUSING, HEALTH AND THE LEGACY OF ECONOMIC SEGREGATION

Since MICI laid out the case for mixed-income housing in jobs-accessible locations in 2004, public health researchers have begun probing in greater depth the urban conditions contributing to rising obesity and asthma rates, particularly among low-income families.

Metro Atlanta’s nation-leading levels of driving have created health hazards for all income levels, of course. Everyone breathes the elevated levels of ozone pollution and lung-damaging soot particles, or “particulate matter”, emitted from millions of vehicles driving millions of miles each day. Research done in Atlanta for the SMARTRAQ study found that every half hour spent in the sedentary act of operating a car each day raises the odds of being obese by 3 percent. Neighborhoods designed more to accommodate speeding traffic than people on foot or bicycle are more dangerous for pedestrians and motorists, and discourage walking and other healthful physical activity. Atlanta currently ranks fourth in the nation for annual delay per traveler, 67 hours annually—a health stressor in and of itself.

These issues, and more, are compounded for the majority of low-income minorities, who find themselves living in areas of concentrated poverty. Populations living in such neighborhoods suffer disproportionately from virtually all health impacts, whether it be from violence, AIDS and other sexually transmitted diseases, weather-related deaths, poor nutrition or traffic fatalities. Plagued by higher rates of asthma and obesity than the population as a whole, they are literally stuck in these neighborhoods by a lack of affordable options elsewhere, even as many new jobs migrate to areas beyond the reach of public transit, and where housing costs are high.

Many residents of high-poverty neighborhoods, lacking well-stocked supermarkets and other options, face limited access to healthy foods and resort to anti-nutritional “junk” foods. Dilapidated housing is associated with exposure to lead and asthma triggers such as mold, mites and rodents. Low-income people also grapple with the mental health stress that comes from being exposed to violence, prolonged deprivation and social isolation.

Recent trends also are a mixed bag for low-income residents. As noted elsewhere, the City of Atlanta, once home to the majority of the region’s subsidized housing, has “de-concentrated” many of the poor by replacing troubled public housing projects with mixed-income developments. Many of these neighborhoods have seen reinvestment and a return of services that can be a benefit to remaining lower-income residents. However, many of those who have been displaced are “re-concentrating” in inner-suburban areas with apartments and smaller homes built in the 1970s and 1980s. Unfortunately, housing built in that era is the most likely to be in “substandard” condition, according to research for this report conducted by the Center for Quality Growth and Regional Development at Georgia Tech.
Review of the Six (6) Key Points

- Visionary Leadership
- Building a good financial base
- Case making [facts & data]
- Meeting people where they are (not where you think they should be)
- Key messaging – the “story telling” vs. “data speak” and
- Connecting the dots [tie health equity/your issues with broader issues like family economic stability]
Think about...

“How might meeting the health equity needs in your city/region and elsewhere over the next 5-10 years be if we have leaders who:

- Operate from a place of ‘a shared vision,’

- Create ‘safe space’ for detractors as well as supporters around the partnership table, and

- Who meet people where they are and not where they think they should be?”
Conclusion

- Employing these strategies will help you implement your Place Matters work faster.

- Build your coalition from individuals and organizations in the community who will move the initiative forward as champions.

- Policy makers (public & private) need to see that poor health outcomes negatively impacts their bottom line.

- Everyday people will also see how their “quality of life” is affected by poor health outcomes.
PLACE MATTERS Case Studies

- Alameda County: Alexandra Desautels
- Martin Luther King, Jr. County: G. Maria Carlos
Current Team Structure

- The current team members are within the Alameda Department of Public Health
- Approximately 50 key team members and 50 informed members
- Team development and structure have been documented for transparency
Team Plan

- A group of facilitators have been engaged to help the group think about the core principles of their community engagement process.

- The group will develop a more comprehensive planning process to include the community in the work moving forward.
Community Examples

The team plans to engage:

- “Unsung heroes” in neighborhoods
- Residents who are active and can serve as a bridge or “connector” with the larger community
- Community organizations with whom the department has already established relationships
Case Study #2

MARTIN LUTHER KING, JR. COUNTY
Current Team Structure

- King County staff across all 9 departments
- Strategically approached Cabinet level leadership across all departments, to educate them re their role in social determinants of health (determinants of equity)
Team Plan

- Currently developing strategic plan
- Identifying 4-5 priorities from among 13 determinants of equity
- Will engage community partners in those sectors
Community Examples

- Community groups in those sectors with whom we already have relationships
- Affected communities who traditionally have no voice, to give them a voice
- Community members who hold historical decision-making power, to educate them about upstream causes of inequity.
Questions & Answers

- Remember to use the “Q&A” function to submit your questions

- Don’t forget to respond to the poll!
Closing Notes

- Unanswered questions will be responded to after the Webinar; responses will be posted online.
- Webinar will be posted online. Check the Place Matters Web site for more details.
- Additional information for Part 2 will be sent out shortly.
- Remember to complete the Post-Webinar online evaluation. We need your feedback!
Thank you for attending!

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Email questions to: Nehanda Lindsey
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