Kitsap Health Equity Collaborative (KHEC) Meeting Notes Tuesday, March 21, 2023; 2-3:30 p.m.

Conducted virtually via Zoom and in person at the Norm Dicks Government Center Chambers

Attendees

Amanda Tjemsland, *Kitsap Public Health District -Z*Alecia Nye, Olympic College
Cristina Roark, *Kitsap Strong*Darryl Riley, *Up From Slavery Institute-Z*Deborah Moore Jackson, Surviving Change
Erica Whares, *Kitsap Public Health District*Dr. Gib Morrow, *Kitsap Public Health District*Jessica Guidry, *Kitsap Public Health District*Jewel Shepherd-Sampson, *Kitsap BSU-Z*Karisha Stanley, *Bremerton Housing Authority-Z*Dr. Kimberly Riley, *You Are Beautiful PLLC*Kuulei Mesa, *Kitsap Mental Health Svcs - Z*Maria Fergus, *Kitsap Public Health District*Marsha Cutting, *KCACAC*

Melia Hughes, Kitsap County Parent Coalition
Melissa Hartman, Kitsap Public Health District-Z
Patrick Woo-Ching, VOPIN – Z
Priya Charry, Kitsap Regional Library
Ranae Beeker, Kitsap Accessible Communities-Z
Richard Becker, Kitsap County Veteran Svcs
Robert Harris, NAACP – Z
Tazsjah Green, Mount Zion PYA – Z
Shawn Frederick, Kitsap Mental Health- Z
Siri Kushner, Kitsap Public Health District
Tony Ives, Kitsap Community Resources – Z
Victoria Hilt, Kitsap Strong
Yvonne Owyen, Olympia Community of Health

1. **Welcome.** After welcome and introductions, the Port Gamble S'Klallam and Suquamish Tribes' Land acknowledgements were shown while Jessica provided an additional land acknowledgement.



2. Review of Feedback from Collaborative Members

- A. <u>Collaborative's speed, scope, and purpose.</u> In response to feedback about the collaborative's purpose, structure, and speed of work, highlights of past meetings were presented as a reminder to what has been discussed related to purpose/scope.
 - a. 11/15/22 KHEC Meeting Recap:
 - i. Discussed definitions of "health" and "health equity" and what social and other factors affect health.

- ii. Discussed KPH Board Resolution 2021-01, Declaring Racism a Public Health Crisis. "The Board and the Kitsap Public Health District commit to work to advance a public health approach in addressing institutional and systemic racism, including [...] partnering with community to co-create solutions to address structural inequities."
- iii. Collaborative's proposed activities (share data, review data [numerical and stories/qualitative], identify issues/problems, co-create solutions, input on initiatives advancing health equity)
- iv. KPHD Roles/Responsibilities (coordinate meeting logistics; draft and share agendas and notes with HEC input; maintain email list and, if desired, newsletter; support work on at least one priority initiative; provide data and other information; provide compensation)
- v. Collaborative Member Roles (attend meetings as available, review notes and other documents, participate in initiatives as available, provide input on HEC newsletter [if applicable], provide input to KPHD and others on initiatives.
- b. 1/17/2023 KHEC Meeting Recap.
 - Identified and discussed barriers in our communities to being healthy and what local resources currently exist to address those barriers. Barriers discussed:
 - 1. Access to healthy food (food justice = environmental justice)
 - 2. Education, workforce development
 - 3. Transportation
 - 4. Accessible mental health services
 - 5. Accessible healthcare, shortage of healthcare workers
 - 6. Affordable housing
 - 7. Physical safety
- B. KHEC Membership (Community Organization Representatives, Community Members).
 - a. Participants discussed differences between community service organizations, community leaders (not affiliated with an organization), and community members (with lived experiences with inequities, no organizational affiliation).
 - b. Currently, Collaborative members are community organization representatives and community leaders. Some Collaborative members are also members of the communities they serve and can bring voice/stories from their communities to the Collaborative meetings.
 - c. There is a lot of value to having individuals experiencing inequities, who are not part of an organization, at our meetings. One suggestion was that we invite these individuals once we have identified priorities for the Collaborative and have specific opportunities to hear their stories/experiences so there is intentionality to their participation. We can then consider if we need to modify meeting schedules to accommodate their participation.
- C. <u>Speed</u>. There was some feedback received previously about the Collaborative not acting quickly enough. There was discussion about how the Collaborative's foundation is still being developed.
- D. Other comments about scope. In addition to what was shared from past meetings, participants also discussed the following:

- a. We need to know the differences between the various groups. For example, one participant asked about the difference between the Kitsap Health Equity Collaborative and the Kitsap ERACE Coalition's Health Systems Team.
- b. Is equity work at KPHD done in the greater community or internally?
 - i. Both. The range is in support of community and systems change within our internal organization but, if there is advocacy needed on issues, KPHD staff go out into the community and learn what the community is wanting and/or needing and considers options available to amplify and support.
- c. It would be helpful for Collaborative to know who is doing what in the community, especially related to "systems change" work to avoid being redundant and to understand the roles of different convenings/coalitions. For example, there are multiple groups dealing with housing issues, like the Kitsap Housing and Homelessness Coalition and Kitsap ERACE Coalition's new Housing Team. At the next KHEC meeting KPHD will invite ERACE, Olympic Health, Kitsap Strong/Graduate Strong and OESD to share about their role and work in community, and KPHD will do the same.

E. <u>KHEC Norms.</u> The participants brainstormed norms at their tables (and via Zoom) and reported their ideas back to the whole group. The table below is a compilation of these norms.

Group Norms				
Overarching norms	Communication Norms	Decision-Making / Resolution Norms	Important Norms	
 Every voice is important. Hearing from everyone is important. Acknowledge all opinions/contributions. Value different voices. Everyone adds values and knowledge to the team. Be respectful to people who may have positions/perspectives different from yours. Don't argue someone's reality. If you're not doing what other people are doing, it doesn't mean you're doing it wrong. One size does not fit all. Treat all with respect / Be respectful to outside/beyond person's title. There are no bad ideas. Using the appropriate volume and calm voice. Listen without interrupting. Commitment to attendance Keep people engaged with cadence of meetings. Importance of introductions as attendees change. Members being proactive and circling back to find out what they missed Inclusion Grow with each other - give each other time & space to grow 	 Consensus is the goal, but majority if necessary. Acknowledge discussion and set goals for when decisions will be made. My emotions and behavior are mine. Empathy is a choice. Put away the bias towards title/clique. Be aware of your biases Speak up to get needs and connection met. Recap summaries to be sure everyone is on the same page. Listen – step back so others can speak up. Speak respectfully. Respect confidentiality. Feel free to speak in draft. Speak from you own lived experiences (don't speak for others). Be mindful of siloed perspectives. Attempt to stay on task/on topic. Clear communication; honor different styles Respectful communication. 	 We will listen and consider all opinions/feedback Utilize what our goals are/ mission is and start with the end in mind to help resolve conflict We assume positive intent – don't be defensive Democratic approach -Develop a strategy to get complete & informed input Assumes all norms are being followed Collaborative = conflict Talk about hard things Resolve without shutting each other down Restorative leaders can sit with conflict Express how it is hard to just listen If in the minority, accept the decision for the greater good Decisions made in the of those impacted Assume good intent Consensus represents the decisions making process 	 All norms listed All participate Be prepared/do your homework Goal - What would you like to leave with from this meeting Agenda - meeting should have purpose Keep comments short, ensure space for others Respect time - start and end on-time Time at end of meetings for recap & review actions/tasks/next steps Be present Use an agenda Don't interrupt Have a new facilitator every time Have a parking lot/bike rack Check-in with members who may have been hurt/harmed by something one-on-one Assume positive intent - life happens! 	

Group Norms				
Overarching norms	Communication Norms	Decision-Making / Resolution Norms	Important Norms	
 Collaboration – Hear different opinions before moving forward. Keep it moving – be proactive and help each other not get stuck. Know where you're trying to get to. We are learning. Be open to new information. Private stories stay w/in the meeting. Participation focused on BIPOC, communities disproportionately impacted. Plain language – minimize jargon and acronyms. Make space – take space (everyone gets a chance to speak). Give others a chance to share. Intention doesn't negate impact. There's power in the pause. Prioritize self-care. Together, we know a lot. Be present. Develop actionable plans. View missteps as a learning opportunity and not a time to attack. 	 Disagree without being disagreeable. Have a timed agenda so everyone knows what to expect at meetings. 	 Think about who's missing and make every effort to include them. Before making a decision, leave enough time for questions & feedback. Use numerous forms of feedback. Follow-up on commitments Call in versus call out Future-focused feedback Oops/Ouch. Ask for feedback and take the feedback into consideration. Listen to all ideas regardless of the messenger; check our own biases. Follow up with people you did not hear from; some people may not be comfortable speaking up at meetings. Have transparent decisionmaking processes; be clear on how decisions are being made. Attempt to clarify the issue. Disagreeing just means that I see it differently. It doesn't mean the other person is wrong. If we start there, conflicts are easier to resolve. 	 Ability to see folks joining virtually. Disagreeing just means that I see it differently. It doesn't mean the other person is wrong. If we start there, conflicts are easier to resolve. 	

The following were shared across groups:

- Treat all with respect.
 - Recognize personal bias.
 - Assume good intent.
 - Intention doesn't negate impact.
- Hearing from everyone is important.
 - Be open to different/opposing perspectives/opinions.
 - Keep people's personal stories confidential.
 - Consensus represents the decisions making process and conflict / disagreement is part of the process.
- Use an agenda to state goal, stay on course/topic, and start/end on time.
 - Expect non-closure/resolution.
 - F. <u>Root causes of barriers</u>. The group ran out of time to discuss this theme of feedback. This discussion will be planned for another meeting.

3. Other Comments/Questions. The group also discussed the following:

- Alecia Nye talked about Olympic College's expanding health education program and incorporating a more holistic admissions process that doesn't just focus on GPA.
 Among the additional fields will be radiology tech, dental hygienist, respiratory therapist, etc.
- b. Dr. Morrow shared an update on KPHD's strategic plan and comprehensive healthcare assessment.
- c. Yvonne Owyen and Miranda Berger shared that Olympic Communities of Health will have a funding opportunity available soon. Please share amongst your networks and contact och@olympicch.org with questions. The application will be released 4/3 and are due 5/1. You can learn more at their website: www.olympicch.org/funding.
- d. Stephanie Christensen shared that Virginia Mason Franciscan Health (VMFH) has partnered with the Kitsap Health District to complete a new community health needs assessment, as required for all not-for-profit hospitals every three years. The new assessment identifies and outlines their work in community health for the next three years. Community engagement and feedback specific to healthcare which was gathered through the recently completed assessment for Kitsap Community Resources contributed to the assessment for Virginia Mason Franciscan Health. Next steps for VMFH are to gather additional feedback from audiences not included yet as well as audiences directed impacted by the identified priorities. As a part of our feedback process, the assessment results will be shared with the Equity Collaborative in the coming months. Once adequate feedback is compiled, an implementation plan will be prepared. Virginia Mason has re-initiated health education programming at the Kitsap Regional Library and the Marvin Williams Center. Programs are monthly and address a variety of health topics. All programs are free to the public.
- e. Cristina Roark shared that she attended a youth symposium in North Kitsap where Reba Harris talked about substance use and addiction. She modeled language access by providing multi-lingual information. As a community we need to recognize that

with addiction there are several avenues. Where we can collaborate as to why youth are making those changes? Youth are ending up at the ER. How can community support them?

f. Upcoming events:

- i. UFSI "Moving Beyond Analysis Paralysis" Less Talk, More Action, Friday, March 24 at Marvin Williams Center.
- ii. Unda 1 Sun Islander Festival accepting vendors, Saturday, August 19, 2023. GBHU very involved.
- iii. House of Hope pregnant and parenting young adults birthing justice April 27th 6-8pm at the Marvin Williams Center.