Public Health - Seattle & King County

Racism is a Public Health Crisis / Equity and Social Justice

Goal Area Plan 2023-24

Your Goal Area: Community Partnerships

Lead(s): Jennell Hicks, Amanda Kay, Mariel Torres Mehdipour

1) **What is your process for developing this plan (who has participated from employees and communities)? How will they continue to be engaged? What systems of transparency and accountability will you create?**

Community Partnerships:
As co-leads, we have been working on developing this plan primarily with internal team member that are part of the PH Community Engagers and Community Engagement and Partnerships Teams. This Plan is intended to be the strategy map for work that we will be conducting over the next year and a half with both internal and external partners to develop our strategies. It is an essence our "plan to plan" and develop what community engagement and a coordinated approach means for our departments.

As it relates to transparency and accountability, we are looking at this in two ways. First, there is the transparency and accountability needed as we co-create our action plan with our external and internal partners. Secondly, there are the activities and metrics that will be developed in this work to be able to communicate to community for us to meet their expectations of our department around what it means to engage with them in an authentic fashion.

Language Access:
Our plan in part will be developed based on work led by Alex Barbaria, Claudia Dow, Abdirahman Omar, Janae Giles, and Zalina Abner-Green. Over the past 18 months, this group has led an exercise to develop values statements for the Language Access Program. Co-created with members of the Community Language Service Provider (CLSP) team, these values statements will help shape the goals and actions for 2023-2024.

The process for creating these statements started in January 2022 after presenting to the Office of Equity and Community Partnerships and receiving feedback from staff. Staff feedback included:

•   increase feedback from language access collaborators and staff
•   co-create materials with community
•   include community at the start of projects
•   be more culturally responsive.

Our partnerships with local health jurisdictions (LHJs) in Snohomish, Tacoma/Pierce, Chelan, Benton, Okanagan, Kittitas, and Grant counties will help to develop and implement this plan. With Foundational Public Health Services money (decision pending), we plan for a period of discovery to learn about other LHJs language access efforts and plans and to share knowledge and best practices. In sharing language access knowledge and experience, funds will be used to support existing

language access services, to build capacity as the services grow, coordinate efforts and share strategies with LHJs.

Through the Health Literacy work and work of the Language Access program, we will continue to engage with our CLSP members providing them periodic reports on the progress of operationalizing the values statements and goals. Meeting via Zoom is an effective way to engage them in our work to meet these goals and create connections that a report alone cannot convey. We will meet regularly with our LHJ partners via Zoom or in person as time and travel allow to share progress.

Through our Health Literacy work, we have developed a few tools for accountability and transparency and will use them for this work. Those tools include an Issue Tracker that identifies specific issues, who from the group can help address, action steps to take, and clear plan for follow up. Another tool is a co-creation tool that centers community voice and builds trust by adding a mechanism to report back to community on status of the project. Currently, this is used for communications, but can be adapted for use in work around implementing language access strategies.

2) Areas for action in next 2 years

Inequities addressed	Actions, Objectives and Measures

1. Communities most impacted by health inequities not involved in co-creation and processes, decisions, plans, programs, dissemination and communication	Establish a long-term Community Engagement and Partnerships team within OECP and Public Health to incorporate community voice into plans, policies, budgets, communications, and nurture relationships with communities most impacted by health inequities.
	
	OECP Team Composition
	
	• Community Partnerships Manager
	  o Hire by early 2023
	• Community Engagement and Partnerships Managers
	  o Hire two career service CEP Managers by early 2024
	• Long Term Goal: assure sustainability of PHLAT Coordination/PPM and Disability Justice Manager positions within OECP, plus on-going funding for Priority Populations activities. Strategies related to the PHLAT is also referenced in the Communications/Education section.
	
	Language Access
	Objective:
	  o Secure on-going and permanent funding for language access in Public Health
	  o Work with PH Admin Division (Business/Finance/Contracting) to create sustained model for a centralized language access team that provides services to PH, departments, and other local health jurisdictions
	
	Actions:
	  o Continue to centralize language access services for Public Health and DCHS, along with other regional LHJs.

	o Work with various departments that have shown interest in our Program to centralize language access services within King County
	
	Departmentwide Community Engagement Efforts
	
	 • Community Engagers Team (CET)
	  o Continue to participate with KC OESJs Community Engagers Team
	   ▪ Attend CET meetings
	  o CP Manager and Deputy Equity Officer continue to provide staff support for PH CET
	   ▪ Coordinate Airtable report preparation and submissions
	   ▪ Provide logistical support (e.g., schedule meetings, take notes, etc.)
	  o Build out 2023-2024 SOW for internal efforts with PH CET members
	   ▪ Identify activities, strategies, and measures
	   ▪ Identify additional PH teams and/or staff who should be connected to CET
	 • Explore/Develop models and standards for Community Engagement and Partnerships for the department
	  o As part of development: plan for both training/educational in-reach
	 • Continue to broadly support community centered organizational partners.
	  o Engaging and contracting with Community Navigators
	  o Coordinate community conversation platforms (e.g., Con Confianza y En Comunidad, Pacific Islander Community Conversations, PH Partnership Meeting)
	  o Working across divisions to support efforts focused on Priority Populations (e.g., CHS' strategies with the Black/African-American community)
	 • Support community engagement related to PHSKCs Strategic Planning process.
	  o Serve as a co-creator of community engagement plan with PHSKC Policy Team leads and Athena Group (consultant).
	  o Working across divisions, strategize as to how to implement community and staff engagement
	  o Coordinate community engagement efforts

2. Communities most impacted by health inequities not involved in co-creation and	Transition community groups / programs created during the pandemic into long-term PH programs focused on Racism as a Public Health Crisis. Pandemic and Racism Community Advisory Group (PARCAG), Community Navigators, Priority Population Teams, and the Equity Response Team (ERT)

	processes, decisions, plans, programs, dissemination and communication	would continue to convene and inform PH in areas of policy/budget, community partnerships including contracting and workforce/workplace equity.
		
		• Quarterly convenings between the groups to share/collective learning
		    o Identify projects/strategies that all/some groups would like to tackle together
		        ▪ Group will determine how they will track their work/measure success
		• Marketing OECP
		    o Develop "marketing strategy" to communicate about/connect with PHKSC divisions and/or teams
		        ▪ Update and maintain OECP intra- and internet pages
		        ▪ Creation of general "who is OECP" and/or topic specific presentations for conversational "road shows" with PHSKC teams/divisions
		• Administrative Items
		    o Funding Research/Grant Coordination to support community member participation with OECP
		        ▪ Identify lead to coordinate funding/grant research and writing efforts by early 2023
		        ▪ Develop prioritization guidelines for responding to funding opportunities
		    o Contracting Process Improvements (i.e., waivers, etc.)
		        ▪ Review inequities in PHSKCs/County's contracting processes that creates barriers in working with community
		        ▪ Augment work from CHE Equity in Contracting Group
		        ▪ Develop waiver language related to $10K threshold situation
		        ▪ Develop SBAR related to contractual issues to share with OECP and PH leadership/decision makers
		    o Explore innovative staffing/use of hiring processes
		        ▪ Explore STT as a pathway for community members who are part of ECP advisory bodies

3.	Guidance, funding opportunities, information about services and supports are often only available in English	**Objective:** • Provide equal access to vital King County information and opportunities • Coordinate efforts with partner LHJs for consistent regional health related messaging • Decrease the amount of time between English and in-language versions release of information **Actions:** • Contract with local Community Language Service Providers (CLSP) at an hourly rate to provide meaningful, timely, culturally responsive, and accurate information to communities in King County • Consult with various Programs within King County to provide support on projects with public facing information for in-language needs
4.	Information is often not in	**Objective:** • Become a more health literate organization

plain language, health literate or easily understood by residents of King County	**Actions:** • Train King County staff on Health Literacy and Plain Language principles and implementation strategies • Prioritize understanding communities' needs • Prioritize communities that are the most impacted by Public Health decision making. • Build and maintain authentic relationships through contracting with community-based language service providers. • Include diverse and intersectional perspectives for the creation and distribution process of multilingual health communications
5. Translation policy in Public Health does not include all aspects of language access	**Objective:** • Evolve and enhance our systems to meet in-demand language needs **Actions:** • Revise current translation policy to include interpretation, translation, health literacy, and guidance when working with multi-lingual staff and community • Coordinate and co-create updates with Public Health Division language access Liaisons • Create long term strategies for language access, including funding, across Public Health to support communities' access and use of health information