Community Partner Engagement – Summer 2023

SUMMARY

Staff from the Governor's Interagency Council on Health Disparities (Council), with support from staff of the State Board of Health, organized 16 meetings during July and August 2023 to learn from organizations working in community to eliminate health disparities and promote health equity.

Objectives included:
- Learning about community partners' visions and priorities;
- Sharing information about the Council and its efforts, including the current redesign project;
- Hearing from partners on how the Council could align with and support their visions and priorities; and
- Understanding how the Council could better engage with community partners and the communities they serve in the future.

> *Council staff would like to extend our deepest gratitude to partners who so generously welcomed us and shared their expertise, time, and passion. We are in awe of your visionary service and determination to create a brighter, just future in partnership with communities.*

Staff are sharing our learnings with Council members as members consider the Council's future priorities, structure, and operations. This report includes community partners' visions and priorities, including some strategies partners are centering as they serve communities and grow capacity. The latter part of the report includes recommendations from community partners on how the Council could operate in the future to move toward meaningful, collective impact on health equity, wellbeing, and justice.
- **Partners' visions and priorities (pages 5-9)**
- **Recommendations for Council operations (pages 10-17)**

COMMUNITY ORGANIZATIONS AND MEETINGS

Staff prioritized organizations working with communities who often experience systemic racism, social and economic exclusion, discrimination, exploitation, and other forms of oppression. These organizations support or organize Black and Brown, rural, LGBTQIA2S+, immigrant, refugee, and economically marginalized communities.

We provided language translation and interpretation when requested. Two meetings were conducted with simultaneous Spanish interpretation and translated documents. Most meetings were held at the community organization's office or in an alternate local spot. Staff provided food at in-person meetings. We offered $50 in gift cards as compensation to all meeting participants. Each meeting lasted between one to two hours.

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Meetings: 11 in-person & 5 virtual = 16 total

- 1 organization based in North Sound counties
- 2 organizations based in King County
- 5 organizations based in the Spokane area

- 1 organization based in Eastern WA counties
- 4 organizations based in Yakima or Sunnyside
- 3 statewide coalitions/associations/groups

Community organizations we met:
- Organizations providing direct services
    - Entre Hermanos
    - Global Perinatal Services
    - Operation Healthy Family
    - Health and Justice Recovery Alliance
    - Nuestra Casa
    - La Casa Hogar
    - MultiCare Yakima Memorial (hospital system)
- Coalitions/Associations
    - Health Equity Circle
    - Front and Centered
    - People's Economy Lab
    - Asians for Collective Liberation in Spokane
    - Health Equity Racial Organizing
- Accountable Communities of Health & Funders/Connectors
    - North Sound ACH
    - Better Health Together (Eastern WA ACH)
    - Yakima Valley Community Foundation
- Additional groups
    - Northwest Health Law Advocates
- Additional participant affiliations: Seattle Social Venture Partners; Northwest Youth Services; Northwest Agriculture Business Center; Nuestras Raíces; YWCA Spokane; refugee support centers; Opportunities Industrialization Center (OIC) of Yakima.

LIMITATIONS

There are many project limitations that affect the depth and scope of these learnings. Below are a few.

Due to low staff capacity and other resources, the scope and timeline for this project were very limited. Staff began reaching out to a limited number of focus organizations in June 2023, allowing partners only a few short weeks to respond and make plans together to meet. Some partners had awareness and past interaction with the Council while some organizations had never heard of the Council. While some partners requested to meet virtually, there were a few meetings where staff could not offer an in-person meeting due to limited capacity and scheduling conflicts.

Council staff reached out to an organization focused on serving Native communities, including Native youth, as well as an organization in Central Washington serving individuals with disabilities. However, we

were unable to move toward a meeting within the short timeline and could not hear from these organizations.

Additionally, in honoring the sovereignty of Tribal Nations, Council staff did not engage tribal governments since that effort would be separate from "community" engagement. Proper government-to-government relations would require specific intention, more time, and different methods.

QUESTIONS WE ASKED PARTNERS
- Partners' visions and priorities
    - Why do you do the work you do?
    - What are some of your priority areas, related to services, organizational capacity, policy, etc.?
- Alignment with the Council
    - What could a statewide interagency council on health equity do to support our partners' visions, efforts, and policy priorities?
    - How do the Council's core redesign concepts relate to your work? Do they resonate?
    - What is your vision for what health and wellbeing for your community? What's your wildest dream?
    - How does the council's structure impact its ability to support your visions, efforts, and policy priorities?
    - Thinking about accountability, how should the Council's work be evaluated? Do you have thoughts about who we should be accountable to and how our work should be judged?
- Engagement with the Council
    - How does the council's community engagement methods impact its ability to support your efforts, as well as align on priority policy areas?
    - What would it look like for government to show up differently?
    - How do you see a group like yours co-creating strategies with the council?
    - What does a continued and meaningful relationship with the Council look like to you?
    - How should agencies balance what they hear from regulated entities and community?

QUESTIONS WE HEARD FROM PARTNERS
- Who is the Council? What does the Council do?
    - I didn't know about the Council until now. "I never knew the Council existed."
    - What do council members do?
    - Do Council members really want to be there or are they just assigned?
    - How are Council members compensated?
    - Why couldn't the Council keep quorum at either of the meetings I attended?
    - What are the Council's main products/outputs?
- How do you do your work?
    - What happens to the Council's recommendations?

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- o Does the Council take an intersectional look at community marginalization and geographic location?
  - o Do you hold your meetings around the state?
  - o What is your current process for getting community input?
  - o Co-governance and wellbeing: How did wellbeing come up in your work? There is power with co-governance. How did this idea develop within the Council?
  - o Are there avenues of raising issues with the Council other than public comment? What are the timelines? Can the Council take steps to make this process more transparent and accessible?
- Who do you work with?
  - o How do member agencies interact with the Council? How do Council members' connections get drawn in?
  - o Who are the Council's partners?
  - o Who does the Council address its recommendations to?
  - o What other councils and groups are involved or should be talking together?
  - o What is your relationship to the Office of Equity and other state agency equity initiatives, such as the Pro-Equity Anti-Racism workgroups at each agency?
- What have you done in the past?
  - o What are examples of your recent efforts and policy recommendations?
  - o What are your accomplishments as an advisory board?
  - o Since the Council was created, how much progress has been made and what does that progress look like?
  - o What's your greatest achievement as a Council?
- Where are you going in the future?
  - o I'm trying to understand how a focus on disparities can lead us toward equity. Is the Council just trying to equalize and fill gaps?
  - o How are you approaching the difference between health disparities and health equity?
  - o Is a name change part of the Council's redesign?
  - o Will the Council still be here with the next Governor's administration? This relates to longevity and trust building between the Council and partners.

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PARTNERS' VISIONS AND PRIORITIES

Health and Wellbeing
- Promote holistic health.
  - Some Indigenous cultures recognize more than 20 dimensions of health.
  - Consider what a person needs to be well. There are many factors.
  - We need holistic health through pregnancy, birth, and after.
  - It's not about putting band-aids on, but making sure someone thrives beyond that.
  - "This is a whole person with a name."
- Focus on the social determinants of health.
  - Health includes food access, safety at work, good air quality, stable and quality housing, protection from pesticides, air-conditioned work spaces, and so much more.
  - Health care systems should invest in socially conscious and wellbeing infrastructure.
  - "Health lies more in the social order than in health care."
- Health looks like so many different things. Health and wellbeing can only happen with attention to relationships and culture.
  - Communities are unique in culture, assets, and needs.
  - Needs throughout the state are different based on a community's location (e.g., metropolitan, rural, health care desert).
  - "Health looks different for every person, for every community—that recognition is a part of the Council, but not necessarily government as a whole."
  - Example: Teeth blackening is a cultural practice in some communities. We cause damage by removing that blackening and not understanding the person's culture.
- Definitions, conditions, and processes for wellbeing and liberation should be determined by communities.
  - One definition of 'health equity' can be constraining.
  - People need to be able to access the full range of healthcare and services they need. That need should be defined by the person, not systems. Health systems should fit what people need, rather than people fitting the systems.
- Move toward shared wellbeing and belonging.
  - No one should be overworked.
  - Efforts should benefit the whole, instead of the few.
  - Community wants space for belonging.
  - "Families can only participate if they feel safe and connected."
  - Build relationships across silos.
- Healing is necessary for health and wellbeing.
  - Address toxicity caused by racist ways of life. "This toxicity will eat a person alive."
  - There is generational trauma caused by experiences with racism. "We committed genocide and now we want community to come into our health clinics?"
  - Every refugee has some degree of trauma that needs healing.

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- o Trauma-informed care is necessary. "Language access is not enough anymore."
- o We can't be well until we heal from generations of trauma.
- o The process of addressing root causes can also be traumatic.
- Health and wellbeing require systems change and a focus on addressing racism.
  - o "Resources are often designed to make us feel better without changing the systems that are making us sick."
  - o Some participants shared their experience with medical racism (racism and discrimination in the medical system). A participant said, "I don't have words for how it made me feel."
  - o "Racism *IS* a public health crisis."
    - ▪ Develop interventions and strategies to address racism as a public health crisis.
    - ▪ Close the racial wealth gap. "The state is active around the climate crisis. Closing the racial wealth gap should be as much of a priority."
    - ▪ Address incarceration, which is a fundamentally racist system.
  - o "I have hope for more change. We saw our Latino communities left behind during the pandemic."
- Civic engagement is essential to systems change and health.
  - o Just learning skills does not remove the barriers or change the systems.
  - o Providing a holistic focus on civic engagement allows people to see connections between their lives and the systems that impact them.

Access to Health, Health Care, and Services

- Health should not be linked to work status, income, insurance coverage, or ability.
  - o Participants shared stories of elders without legal documentation who can no longer work and are sick.
  - o Some employers make people work in precarious positions that damage their bodies (e.g., lungs), but people still work because they need to afford life necessities. There are "unbearable costs" and illness continues.
  - o We all have the right to treatment for health issues just because we are a person.
  - o "It would be marvelous if our state could provide health regardless of race, documentation status, age, or gender... Medical insurance should be a right. That's a human thing." (in Spanish)
- Everyone should have quality health care services. People need equitable access to health and care services.
  - o Having access to healthcare would prevent so much illness.
  - o "Immigrants and LGBTQ communities don't have access to as many services." We need to focus on the root causes of this.
  - o Everyone should be able to use wraparound and referral services with ease, no matter what community they're from.
  - o People should have access to fully qualified doctors and health professionals, not just student doctors.

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- We need no/low barriers for entry. Offer multiple clinic locations and remote access for care.
  - Provide health care access to areas of the state with clinic and food deserts (e.g., unincorporated parts of King County).
  - Health rather than profit should be the driving force.
- People need culturally safe spaces to exercise bodily autonomy and self-determination.
  - Culturally safe birthing: The patient needs to feel safe, informed, and heard.
  - It's important to be able to see people who look like you when you're in a vulnerable medical space.
- Promote rights in the health care setting.
  - The Council could help develop or promote trainings on a person's rights in the healthcare setting and support training delivery in various languages. This could be especially helpful for immigrant communities, where some individuals will accept whatever the doctor or nurse tells them and don't think they have a right to decide otherwise.
  - Language access rights are foundational to meaningful access to health care, but there are significant gaps and variation.
  - People need choices with care and treatment.

Culturally and Linguistically Appropriate Services / Language Access / Language Justice
- People need access to culturally appropriate services (healthcare providers, navigators, follow-up and wraparound care, etc.).
  - Currently, people need to travel far to reach linguistically, culturally appropriate services that take into account a person's status immigration/documentation status and health insurance coverage. People need unique types of services, but services are not well funded or available across the state.
  - There's a great need for culturally appropriate mental health services.
    - "A large percentage of my community has PTSD."
    - Need counselors of color who understand the experiences of their clients. Many fields are still so white.
    - Support the mental health of care givers. Provide culturally appropriate peer counseling for providers.
- Language access is critical and remains a huge need.
  - Need more staffing and resources for language interpretation in the care setting.
  - Need quality interpreters and more in-person interpretation—it's a matter of life or death for someone seeking care.
  - "I could tell the interpreter wasn't saying what I had said. They weren't communicating my message to the doctor." (in Spanish)
  - Pause of interpreter certification by the Department of Social and Health Services (DSHS) is a significant bottleneck that has yet to be resolved.
  - Need a standardized approach to compensate the bilingual/multilingual workforce.

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- o Community-based organizations are providing timely health and public health information in various languages and formats (e.g., video). They need funding and support to do this.
- Build connection with communities.
  - o End the disconnection between doctors and the community. Example: Bring doctors into communities and learn what doulas do.
  - o Medical systems and community should intertwine more, so they are together. End the fear of medical systems, which can be a generational fear passed down to children.

Health Workforce

- Address workforce supply and service availability.
  - o There are huge workforce attrition issues (e.g., healthcare workforce leaving the field)
  - o People don't want to drive 4 hours to get care, in a city that's unfamiliar.
  - o Need more therapeutic services for children.
- Workforce training and diversity
  - o Promote workforce training within communities, so someone doesn't need to move away for many years for health services education. (Example: dental therapy)
    - ▪ "People in community serving community."
    - ▪ "Hiring people from community to give back to community."
  - o Ensure local training counts as much as national accreditation.
  - o "If it were white kids graduating at a 50% rate, would we want to do something about it?"
- Workforce diversity is not enough. Health systems need to change to better serve people.
  - o "Even with diversity in the workforce, racism prevents equity."
  - o Education on health equity is important for all levels of students (K-12, workforce).
  - o Example: Teach medical students how to treat people of different backgrounds, such as how medical conditions look on Black and Brown skin instead of white skin only. Or how the difference on Black and Brown skin doesn't equate to illness.

Additional Priorities

- People need basic income.
  - o Finances are such a big burden and stress, which has health consequences.
- We need to further disaggregate data, so even more experiences and identities are reflected. This helps us gain a more accurate understanding of where inequities are.
- Oral health and dental care are part of generational wellness.
  - o Eliminate oral health inequities by race, income, and zip code.
- Climate, energy transition, utility bills, and utility disconnection are all health equity issues.
  - o "Who can live in a home that has cooling in summer and heating in winter—it's not just an environmental issue, it's an equity and health issue. Authority in this industry is not held by the state, but we need a statewide reach to change policies."

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- There are huge health inequities related to incarceration.
  - Seek alternatives to expanding the prison system: "As long as we support single strategies, our society is going to support the things that make them feel 'safer' and never get to the other things."
- Funding for organizations that serve marginalized communities
  - Funding is too competitive and unstable.
    - Organizations run by Black, Indigenous, and People of Color (BIPOC) staff experience disparity in funding (being expected to do more with less).
    - Organizations sometimes get the leftover amounts of multi-year grants, and are given a very short timeline (e.g., 3 months) to do the work. "There's a big cake and small slice for us, at the very ending. We're fighting to change that from the core."
    - After the murder of George Floyd and the growing awareness of Black Lives Matter, there was more attention to BIPOC organizations. But it's uncertain that this will continue and there will be sustainability and real capacity growth.
    - Organizations serving marginalized communities, run by people from these communities, should be a part of the government budget so there is sustainability.
  - Remove burdensome grant requirements.
    - Working with government funders is burdensome and time consuming.
    - Change request for proposal (RFP) processes to be lower barrier—only include the things that are absolutely needed.
    - Newer, smaller organizations don't have enough capacity. They need resources for administration and reporting to meet extensive grant requirements.
    - Allow funds to be used for general operating expenses.
  - Government should approach funding in a different way. Turn your view inwards to state government processes.
    - Look at what an organization does, recognize their good work, and fund them in ways that best support the organization.
    - It's not just about getting more funding. The Council could create standards for funding that help guide government on what agencies should look for in a grantee, as well as the barriers that organizations face in accessing funds.
    - Include community members when making funding decisions.
    - It should be a requirement for funders to meet with the organization serving community.
    - Move toward relationship-based reporting (checking in with an organization instead of only expecting written information).
  - 100% reimbursement-based grants with slow payouts are not functional for most non-profits. Some amount of grant award needs to be available up front to start the work. Reimbursements also need to be issued on the schedules they are promised. Non-profits can't absorb that kind of pressure on their cash-flow with late payouts.

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RECOMMENDATIONS FOR COUNCIL OPERATIONS

Data and Information

- Communities should shape our own narratives.
    - Do not take communities' data and then write the narratives yourself.
    - Definitions, conditions, and processes for wellbeing and liberation should be determined by communities.
    - Oral storytelling is important.
- The Council should highlight information and data from community organizations.
    - Helps community organizations run by people of color that are serving people of color to be prioritized in government funding and programming. "Let us show you how it's done, how much we're doing, and what we're doing."
    - Highlight organizations' work, even though they can be geographically far away.
- Provide research support and share information.
    - In light of the current socio-political context, "communities need qualitative and quantitative data to arm ourselves with." A lot of reports and data validate experiences that communities already know. With the Council's experience and credibility, the Council can gather an evidence base and data in ways that are more accessible and understandable to community.
    - The Council can help community organizations know the status of an issue or policy ("where the needle is").
    - Provide research support on what's happening within a policy area.
    - Community needs awareness of both policy creation/adoption as well as implementation.
- Promote a flow of information.
    - Create a process for sharing out information and hearing from people.
    - Show up to existing network meetings to build relationships and learn about local/regional work.
    - Share the council's vision, learnings, and recommendations across the state.
        - Hold community information sessions.
        - This gives community partners a sense of what the Council is working on, how partners can engage or be heard, and the status of issues in the state.

Connect, Convene, and Build Relationships

- Connect people doing health equity and related work. "Connect the dots" on issues and information.
    - Connect community groups to government systems, agencies, and knowledge.
    - Provide warm referrals.
    - "You guys are major connectors to the dots."
- Support transparency and systems navigation.

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- o Provide information on government processes and resources.
    - Agencies understand the landscape of moving pieces and jurisdictions—this is valuable to community partners.
    - Have a staff member who can provide information to organizations on lawmaking, rulemaking, and other government processes, as well as what all the terms used in those processes mean. Help organizations understand processes, timelines, and channels for participation.
  - o Help community partners find the right place to influence change: "the specific meetings where we can make the biggest difference with our limited capacity."
    - Create a roadmap of how to navigate and connect with government resources for policy development.
    - Where is the right/best/easiest place to plug into policy work? How do we change the policy? Who's the decision-maker?
  - o Share clear information on how people can bring issues to the Council as well as the Council's parameters for providing support. Share how community members and organizations can raise issues other than through public comment, what the timelines are, and how the Council may be able to help.
- Nurture partnerships to learn and grow together. Build an infrastructure that allows organizations to connect with the Council and with each other.
  - o Examples: Collaboratives, learning groups, health equity symposium, website portal.
  - o Focus on building relationships.
  - o Create opportunities to learn about each other's expertise and resources.
  - o "How do we build a bigger pie together? Having learning opportunities and conversations with the Council is great."
  - o "Convening is power. The fracturing relationship and people fighting in their corner keeps existing power and systems in place."
  - o "Share brilliance" with each other instead of competing for funds to do the same thing for the same communities. "How much more effective could we be if we pool our resources and brilliance? Exponentially."
- Align with power outside of systems of oppression.
  - o Seats at the table are given by white/Eurocentric/colonizer systems, so start the Council's work far away from where there is perceived power (i.e., in marginalized communities).
- Apply the Council's influence in service of shared goals.
  - o "Lend the credibility and amplify the space. The Council has the credibility that community organizations want to connect with."
  - o Community-led movements should be able to leverage the council's influence to address issues like incarceration and to push back on local opposition to equity-centered strategies.
  - o Provide guidance or support on letters that organizations send to decision makers.

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- Work on big issues together (e.g., health equity; systemic racism; incarceration; racial wealth gap; language justice).
    - The mission of health equity and addressing inequities is valuable. The Council is looking at something that affects the whole community.
    - Anticipate major policy issues and not treat them as regular state of affairs. The Council can bring attention, prioritization, and an equity framework to these efforts.
    - Example: Systemic racism as a barrier to health. The Council can get people together to prioritize and start addressing this.
    - Example: Incarceration. "As long as we support single strategies, our society is going to support the things that make them feel 'safer' and never get to the other things."
    - Example: Wealth and racial equity; close the racial wealth gap.
    - Example: Language access and language justice.
    - Example: Specific major events such as Apple Health coverage "wind-down."
- Gather various government workgroups for dialogue and coordination.
    - Meet with the EJ Council when opening work on a topic that relates to both.
    - Work with the Office of Equity and other partners to create a guide for centering community in policy or law implementation.

Engagement with Organizations and Community Members
- There needs to be an explicit community engagement/community voice component in the Council's operations. This requires a cohesive community engagement strategy.
    - The strategy should include how to engage with partners and community members; and "setting the table" in government and making it ready for community voice.
    - Build up administrative and engagement practices, so the Council is ready to engage community in an appropriate and meaningful way.
    - "You have to be patient." (when hearing from community)
    - Publicize Council meetings in ways that people can truly access—consider language, internet access, ability to read/write, etc.
- Promote civic engagement and vitality. Create spaces for under-resourced community organizations.
    - People don't participate when they don't have time and money.
    - Smaller and under-resourced organizations don't have the capacity to sit on committees or participate in ways that larger and better-resourced groups can. Smaller organizations working for/with marginalized communities are doing health equity work and aren't always included in local, regional, and state conversations.
    - Community members and organizations need a different way to advocate for themselves. Give community organizations the tools for greater participation. They need additional spaces to say what they need.
    - Help ensure smaller organizations serving marginalized communities are not overlooked in funding opportunities and decision-making processes (vs. larger groups like professional associations).

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- o "We don't get the memo until it's too late."
  - o "Olympia might as well be overseas as far as we're concerned."
- Focus on building relationships and trust.
  - o Find the organizations that are trusted in communities.
  - o People are often used for data mining and this is harmful to the community. Data mining: "taking the best thinking from community and using it without their participation, leadership, or decision making power."
- Learn about communities and maintain reciprocal relationships.
  - o Learn about the community and attend existing community events.
    - "How do you create policy for people you don't even know exist?"
    - *Truly* understand the complexity and differences among rural, Central, and Eastern parts of Washington.
    - Coordinate the timing of a Council visit with organizations' work on a community needs assessment.
  - o Come to community to ask what community needs and how the Council can support.
    - "We've never had someone in government interested and care to visit us." (in Spanish)
    - In addition to meeting in communities, stay beyond a public meeting and experience what life looks like in a community.
  - o Be able to have in-person meetings, visit partners on-site, and follow up to continue dialogue and partnership. Engage for more than a photo opportunity.
    - "Go out to the community and not just coalesce over Zoom and Google Meets."
    - Have a 'leave behind' when interacting with community—a survey or some other way to continue the interaction.
  - o Make adjustments to what you do based on what you hear.
    - "Humble oneself as an agency to be the receptor of new information and understand new ways of being."
- Have staff liaisons who can be a direct contact and share information.
  - o "How do I get to you?" Provide a direct contact who is focused on working with community partners.
  - o Share what happened in the Council's 7-hour public meeting.
  - o Share policy priorities and recommendations, connections, etc.
  - o Example: Inatai has a program officer who's available to community-based organizations. This helps an organization know who their go-to, direct contact is.
  - o Have a staff person dedicated to Spokane.
  - o Have a staff person dedicated to small organizations serving communities.
- Create space for elder and youth voices.
  - o "It starts with young people. When youth understand how systems of oppression impact them, the more consciousness they have of changing those systems. It takes a consciousness and cultural shift, and it starts with young people."
  - o It takes just one opportunity for a youth to see themselves as leaders.

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- - Connect with local youth advocacy boards and councils: Give youth an opportunity to say how they're doing and what they need to be successful.
- Build statewide connection, so all parts of the state are included.
  - Don't forget about communities in Eastern WA, who are often left out of policy conversations. Also don't consider all of 'Eastern WA' as a singular group (monolith).
- Connect with and hear from existing groups in community. Community organizations can serve as a partner or hub to hear from community members.
  - Work with community organizations to provide information to community members before asking for input or feedback, which can take a lot of planning and time.
  - Staff/volunteers at community organizations often speak directly with community members and hear their priorities and needs. These staff can meet with the Council periodically to share their community's suggestions.
- In addition to working with community organizations, directly engage and hear from community members.
  - Keep in mind diversity between and within communities. Generally, no single individual can speak to the complexity of experiences within a community even on the rare occasion they have the authority to do so.
- Co-design and co-create with community.
  - The Council's work and timelines should be defined by community.
  - Don't put the burden on community to answer the state's questions. Community should bring the questions and then co-create the solutions with government.
  - People with lived experience need to be involved at every level, from visioning to systems implementation.
  - Co-governance: "A collection of participatory models and practices in which government and communities work together through formal and informal structures to make collective policy decisions, co-create programs to meet community needs, and ensure those policies and programs are implemented effectively." (Partners for Dignity & Rights)
    - Community Assemblies as one example of co-governance. Need assembly anchors.
- Adequately support community members who serve on the Council and who interact with the Council.
  - Make sure the "table is ready" for new members.
  - Engage in culturally and linguistically appropriate ways.
  - Make sure materials are appropriate for the widest range of people (based on age, educational background, language, etc.).
  - Facilitate meetings for people of all contexts and backgrounds—don't require people to already know "government speak" and the Council's full history before attending a meeting.
  - Organize fully accessible gatherings.
  - Provide technology supports.
  - Use applications/technology/methods that are experiential and engaging.

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- o Provide incentives and compensation.
- o Provide support for child and adult care.
- o Engage in locations and during times that are convenient for community members (e.g., evenings and weekends).
- o Share knowledge of processes and navigation.

Council Member Representation & Role
- The Council needs more presence in community. ("We didn't know you existed.")
  - o Council members should share what they do and how community organizations fit into their missions.
  - o "It would make a whole world of difference if someone from the government would show up where we are to share your work and vision."
- Integrate the Council's work in all agencies.
  - o The Council should challenge state agencies to look at what they are doing internally and make changes.
  - o The Council could coordinate similar work across agencies.
  - o If an agency puts someone on the council, the agency must make a commitment to listen to what the council comes up with. Need commitment on both sides.
  - o Council members from state agencies should have authority or significant influence in an agency's operations—this is where "the rubber meets the road" (how things get done).
- Member selection
  - o Change how people are appointed to the Council. Too many connections are needed to get on the Council.
  - o Selection of Council leadership should not be a singular person's decision.
  - o Council meetings need a person's full attention, otherwise make room for someone else.
- Member representation
  - o Council staff and members should care about inequities and have experience with these issues. "Have people that actually care and have lived experience."
  - o Members and those who participate in council efforts should reflect marginalized communities. WA is so large and there are communities who aren't represented yet.
  - o Include rural representation.
  - o Include representatives from local networks on the Council or its committees.
  - o Do not "tokenize" people (including someone from an underrepresented community just to appear diverse but not giving them power).
  - o Include agencies working in higher education to focus on workforce issues.
- Member voice
  - o "People can only disrupt the status quo when what they say is not tied to their paycheck."
  - o Don't be reactive, "neutral," or silent. This requires courage.

Accountability

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- The Council should "sharpen" discussions around equity happening in government, without adding unnecessary layers.
  - Many agencies are figuring out how to center community and incorporate equity in decision making. Help move things forward, such as offering best practices.
  - Ask meaningful questions and seek substantive input.
- Focus on community-led strategies instead of recycling research on disparities.
  - "How much more research do we need? We know what the inequities and root causes are. Ensure there is action and address the root causes instead of recycling what we already know. Don't perpetuate the hierarchical structures that got us to where we are right now."
  - "We already know what the problems are and have solutions—we just need people to listen to us."
- Global, cross-system goals should be developed by the most impacted groups.
  - Create goals that everyone can buy into, align with, and support from the ground up.
  - Systems should not be punitive and backed by force, but rather backed by consensus and shared values. People should have space at the table because they are impacted and have deep investment in the strategies we pursue.
- People need to see that government is taking action in meaningful ways.
  - "What's the point of participating when nothing happens?"
  - "There is trauma in talking about disparities and not having the disparities go anywhere."
  - "Community can get frustrated when they share their stories over and over again and don't see action to address their issues."
  - "Get to the grassroots folks and then do some concrete actions in response that changes agency practices to help the community."
  - What would helpful participation with the council look like? Response: "Whatever moves the dial... If we try something together and it doesn't work, we can go back to the drawing board."
  - The job of community is to say their priorities. The job of government is to make changes based on what community says.
- Be committed for the "long haul" and recognize that things like healing take time.
- Need equitable and liberating practices within the Council. We can't have equitable outcomes without equitable processes.
  - Provide health equity training for all staff and Council members.
  - Embrace a "process that moves toward liberating ourselves."
  - "Ask communities--who know how to heal and help themselves--in an approach that dismantles the colonizer system."
  - "Humble oneself as an agency to be the receptor of new information and understand new ways of being."
  - Use restorative justice principles.
- The Council should evaluate itself and include community organizations in that evaluation.

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- o "The compass should always be community." Develop goals and do work that meets community expectations.

Staffing and Fiscal Resources
- Need adequate resources to operate and make impact.
  - o "I'm always alarmed when there are groups with as much knowledge that you have and that don't have resources... We need to get you funded, so the work actually takes hold."
  - o "You can have the best intention or the best idea, but that's not enough. Staff, offices, programs need resources. If you don't give significant resources to the people who can make the change, then it's just talk and games."
- Staff roles
  - o Needed roles: Someone to manage the group; administration; community engagement; research and policy navigation; communications.
  - o Staff need to be embedded across communities.
    - ▪ "Look like the community or at least meet folks where they are."
    - ▪ The Council should understand all dimensions experienced across the state. Need people embedded in these areas and cultures.
  - o Need staff capacity to maintain communication and reciprocal relationships with community partners.
    - ▪ "Invest in knowing your partners."
    - ▪ On-site visits; conversations, sharing, and learning; follow up and navigation; support community members who serve on or interact with the Council.
  - o Policy navigation: Have someone on staff who can speak with partners on where to start when the topic requires lawmaking, rulemaking, etc.
  - o Communications: Having staffing and a strategy for communications allows people across the state to hear about the council's learnings and recommendations.
- Accessibility and inclusion in all operations
  - o "Hybrid meetings are challenging, but it's the only way some can participate."
  - o Provide language translation and interpretation.
  - o Engage with people across the state (travel).
  - o Provide financial support to people who participate: stipend/compensation; child and adult care; etc.

Feedback specifically related to draft statute:
- The language that goes into the Council's statute is very important.
- Draft statute seems to be retrofitting the current purpose/structure to work toward health equity and justice. This is incremental change, not transformative.
- Love the language that is being proposed! "Health" is less prescriptive, which allows partners working on a lot of different topics to see themselves in the work.
- Incorporate the definition of "co-governance" that People's Economy Lab uses.
- Excited to see two youth representatives proposed for Council membership.

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