

Lessons for Building Public Will, Authentic Engagement, and Network Sustainability

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Invest Health Field Building (IH FB) city teams were originally slated to convene in Missoula, MT, in spring 2020, but because of the Covid-19 pandemic, Reinvestment Fund reconfigured the event as a three-part series of virtual workshops and events. Invest Health teams approached the change in format with positivity, actively engaging with their colleagues through Zoom breakout rooms and the chat box. The series included workshops on leveraging the Invest Health learning community network and effectively making a case to stakeholders that advances the Invest Health work in cities, with a final event led in partnership with the Missoula IH FB city team that provided a sense of place through a virtual site visit and focused on how to authentically undertake sustained community engagement efforts.

Network Development & Sustainability

The first part of the virtual convening, held in July 2020, was a series of network development workshops co-facilitated by Sally Colella, a coach and educator who maps networks in organizations, and Barry Coleman, a facilitator and leadership consultant in organizational development. Both worked with the IH FB city teams on relationship-building and how to sustain their networks (across teams and within teams) as they move their work forward. To kick off the workshops, Sally discussed the importance of networks in organizations and the different roles people can play in those networks.

Each city team, or small group of team representatives, participated in a breakout group to strategically plan for the following six months of the IH FB work, identifying gaps in expertise needed as well as expertise they could offer other city teams. In the Lansing city team breakout room, the team had a strong and positive rapport with each other as they considered these discussion questions. Lansing stated that their city team functioned as a true coalition, bringing together neighborhood, business, government, and nonprofit groups. From other teams, they hoped to learn strategies for maintaining their connection and collaboration after the Invest Health program had ended, thus institutionalizing the work beyond the key members. Other valuable discussion topics included strategies for mitigating gentrification while engaging community voice in community development projects. Between workshop sessions, city teams had the chance to reach out to one another about tools and resources they brought up in the first session, such as Spokane's Anti-NIMBY Toolkit. In the second session, city teams discussed challenges to maintaining the connection among their city team organizations and how they planned to advance health equity in the immediate future despite the challenges the pandemic had posed for their collaborative work. Additionally, they discussed the importance of

addressing social root causes of health inequity and engaging with Black and Indigenous communities in order to best meet their needs and provide resources. Key to this work is building participatory mechanisms: for example, Lansing People’s Assembly, a community governance body that aims to increase public engagement in decision-making. As other city teams reported back on their discussions, community engagement efforts were amplified as critical to preserving relationships, continuing the work, and advancing health equity.

Building Public Will and Community Trust

Facilitated by Tiffany Manuel, PhD (Dr. T), founder, president and CEO of TheCaseMade, Reinvestment Fund hosted a series of workshops in August 2020 focused on helping city teams shift culture and practice within and among systems and institutions to remove barriers to advancing health equity and improving the community investment systems in IH FB cities.

Following a pre-workshop that introduced city teams to the core concepts of building public will, Dr. T led a two-part workshop featuring case studies and examples to help city teams consider how they could apply these concepts to their own cities and experiences.



Image from Tiffany Manuel’s book, “Strategic Casemaking,” found on her website: www.thecasemade.com

Dr. T kicked off the pre-workshop by asking how participants felt about the current political moment: is there any opportunity for real change around racial justice and equity? Most participants answered that they were optimistic and energized, but cautiously so. One leader from Akron wrote in the Zoom chat, “Authentic political power pending, I’m optimistic that we’re able to have real conversations.” A representative from Hartford wrote, “Leaders in the communities of color in Hartford...are galvanized to collaborate towards ACTION, finally.” A leader from Missoula described her city’s attributes: “[Missoula is a] largely progressive city [with progressive] county elected officials, but a divided populace—city vs. county, wealthier vs. poor, conservative vs. liberal.” Dr. T emphasized that both public and political will are necessary to create change—and many times, places do not have both.

How can community leaders build and align public and political will? Dr. T pointed out the importance of changing the narrative. Throughout the workshop series, she explained that framing data negatively and focusing on problems rather than solutions actually builds unconscious bias by encouraging one’s audience to associate the population they want to help with negative outcomes. Negatively framed narratives also create a sense of hopelessness and demobilize people.

Positively framed narratives, meanwhile, create a sense of “we” that includes the person listening. They trigger loss aversion by showing people that—for example—not providing affordable housing to people in their community is a loss for the community as a whole. They frame data positively, focusing on the improvements that will occur with new policies or programs—for example, the increase in economic contributions that people will be able to make once they have secure housing and preventive healthcare. Through the workshops, Invest Health city teams shared how they had reframed, or planned to reframe, their own narratives. A leader from Napa shared: “We all have many in our community who were born into poverty and face systemic

obstacles to moving out of poverty. The narrative needs to be about institutions addressing the systemic barriers while making room for low-income people to have agency and power over their futures and the solutions to the structural obstacles.”

Prioritizing Cultural Sensitivity and Authentic Engagement to Advance Equity

In the final segment of the three-part virtual series in September 2020, Missoula city team members and their colleagues presented critical lessons and ongoing learnings on ways to meaningfully engage community members and address equity. D’Shane Barnett, the executive director of the Missoula Urban Indian Health Center, gave a presentation on the practice of cultural humility (as opposed to cultural competence) and the specific health equity challenges facing Native Americans. “Humility is an active practice, an active role that we play in a relationship,” said Barnett. He provided a brief history of federal American Indian policies, from forced removal to termination of federal recognition for tribes. In the 1940s-1960s, the Bureau of Indian Affairs sponsored the Indian Relocation Program, an effort to bring Native Americans into cities that ultimately abandoned them without a social safety net. “It’s important to give this history to set the stage and explain why the American Indian healthcare system looks the way it does today,” said Barnett. This highlights the importance of health equity issues being addressed in a culturally sensitive way. During the pandemic, Native community members expressed they felt afraid that if they were to test positive, someone might come and take their children or call the police on them. These fears are rooted in government mistrust and other concerns like probation or prior negative interactions with authority. It is therefore important to approach Native communities with awareness of these concerns and their valid basis in history.

Hallie Carde, the Health Equity Coordinator for the Missoula City-County Government, followed up with a discussion of Common Good Missoula’s community engagement work, which aims to organize through institutions where people are naturally gathered and create a broad-based community organizing structure. “Most think of community engagement in a traditional way [that’s] kind of extractive,” Hallie said. The goal of Common Good’s organizing model is for Missoula citizens to become trained leaders and for the continuous engagement of everyday residents. Carde spoke with Benny, a Missoula citizen and formerly incarcerated person who became a community organizer. “My label will follow me for the rest of my life,” Benny said. “It took me about four months to find housing... [then I found] Welcome Back, a re-entry group helping former prisoners find housing.” Benny worked on Missoula’s new Housing Trust Fund and began to engage more and more with stakeholders such as elected officials. Through this work, he realized his calling and became a community organizer. Common Good is looking to engage communities in a way that “goes beyond a one-time investment” to create citizen leaders. Kaia Peterson of NeighborWorks Montana appropriately summarized the event’s message around engaging the community, saying, “Walk alongside people...9 times out of 10 people know what they need.”



Image from Common Good Missoula’s Facebook Page: facebook.com/commongoodmissoula

The ability and resolve of the city team representatives to engage and participate in the virtual convening

workshops and events was notable, given the multitude of competing demands and ongoing challenges related to the pandemic—across all sectors, but particularly in the health care sector. It was a testament to the teams’ strong commitment to building a culture of health and their aligned vision of leveraging the Invest Health work to create more equitable communities. Cities are positioning themselves to come out on the other side of this health and economic crisis stronger and without leaving anyone behind in its wake. Since the final Field Building event, Reinvestment Fund, with continued support by the Robert Wood Johnson Foundation, has embarked on a third phase of the Invest Health journey with all 50 cities called Sustaining the Network. Priorities will include engaging the learning community virtually over the next 2 years, sharing lessons with other small to mid-sized cities, and supporting connections between city teams.

Invest Health is an initiative of Reinvestment Fund in partnership and with support from the Robert Wood Johnson Foundation (RWJF) that began as a forum for 50 cities to define community needs and investment challenges, devise solutions, and align investment capital, other resources and policies to address the social determinants of health. The initiative provided a starting point for cross-sector leaders in small to mid-size cities across the country to strategize and align with community development finance experts, local, regional and national philanthropic networks, and public funding streams to build healthier, more equitable communities. Over the course of the initiative, Reinvestment Fund supported Invest Health city teams as they developed strategies for improving resident well-being in neighborhoods facing the biggest barriers to health and opportunity.

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