

**Partnership for a Healthy Durham
Racial Equity Task Force
Zoom
November 24, 2020
MINUTES**

Facilitator: Natalie Rich and Marissa Mortiboy

Meeting Outcomes

- Outcome 1: Receive a presentation on community coalition models
- Outcome 2: Discuss how the City Racial Equity Task Force recommendations and community collaborative models inform the work of the Partnership for a Healthy Durham
- Outcome 3: Establish timeline and next steps for task force

Present: Natalie Rich, Sofia Edelman, Pam Diggs, Lara Khalil, Kimberly Alexander, Mel Downey-Piper, Marissa Mortiboy, Kweli Rashied-Henry			
Guest: Branda Nowell			
Project/Topic/Goal	Major Discussion Points	Recommendations	Action Steps
Welcome & Introductions <i>Natalie Rich</i>	What are you thankful for today?		
Recap of October meeting <i>Natalie Rich</i>	<p>Natalie asked the group how they would like to follow up with the City of Durham Racial Equity Task Force to continue conversations or if they had any thoughts about the presentation.</p> <p>Pam Diggs mentioned a takeaway from the October meeting is being intentional about collecting data and how to share it back out. Be thoughtful about how we hold listening sessions and engage the community around the Community Health Assessment.</p> <p>There is a petition to get a permanent Racial Equity commission established. Lara Khalil has not heard if it gained on any traction. If established, the commission would be the body to move the recommendations forward.</p>		

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<p>Community Collaborative Models <i>Dr. Branda Nowell, NCSU</i></p>	<p>The task force discussed being intentional about advocacy, lifting the voice of people of color and engaging community members.</p> <p>Branda shared results from her 2017 student on health-oriented partnerships in Durham that was repeated from 2012. There were four less health partnership from 2017 than 2012. In 2017, only about 30% of the health partnerships in Durham identified having unaffiliated members. This was down from 44% in 2012. Of those in 2017, just a few had community members.</p> <p>Why community engagement/representation? Principled action- it seems like the right thing to do. Data on user experience- Creating a feedback loop between those who receive services and those who create and deliver services. Community empowerment- Psycho-social benefits, Community driven/user driven systems change and Institutional legitimacy- establishing credibility with constituent groups. There could often be multiple reasons.</p> <p>Models</p> <p>Direct representation- bring community members to the table and put them on the membership list</p> <p>Advisory or working group structure- form an advisory group of mainly community members, with a liaison between the Steering and advisory groups</p> <p>Indirect representation via members- Organizations are members, each agency or organization creates its own plan for engaging community members, accountability mechanisms in place</p>	<p>Dr. Nowell's report on health collaboratives in Durham- http://www.healthydurham.org/cms/wp-content/uploads/2018/01/Durham-Community-report_FINAL_121717.pdf</p> <p>The Partnership needs to discuss the reasons for community engagement/representation.</p> <p>Pam Diggs shared: Community Informed Programming in a Time of Change, https://dashconnect.org/2020/06/30/community-informed-programming-in-a-time-of-change/</p> <p>Discuss the culture we have and the culture we would like</p>	<p>Decide what the community accountability piece looks like for the Partnership.</p>
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	<p>Brokered thru associations/membership organizations- Invite professional members as representatives of organizations or constituent groups associated with organizations</p> <p>Consultation- Engage in lots of consultation such as interviews, surveys, focus groups and other types of outreach for a feedback loop</p> <p>Key Issues in Designing for Community Engagement</p> <ul style="list-style-type: none"> • Uncompensated labor • What is a community member representative representing? Their direct experience? A defined constituency? The collective experiences of an identity group? <ul style="list-style-type: none"> ○ If direct experience, how representative is it? ○ If they are representing something other than their own direct experience- where does their authority come from? • Role definition and associated power? <ul style="list-style-type: none"> ○ Why are they here? What is their role? (i.e. advisory? decision making?) • Capacity to participate/structure to facilitate participation- it can be alienating for community members to come into a space with professionals using jargon who have been socialized to the experience. Are we setting people up for success? <p>Branda also has information on advocacy models and moving policy agendas. Branda shared that thinking about an organization to organization relationship; Partnership for a Healthy Durham to grassroots organization. Create a unified voice out of a plurality. That is forming an advocacy coalition and joining allied groups with a common agenda.</p> <p>Kweli Rashied-Henry asked about sharing dual identities such as representing an organization and being part of an identity group.</p>	<p>and how community members can be a part of it.</p> <p>Ask Branda for her slides.</p> <p>Lara Khalil shared in the chat that it sounds like it's on the institution to create a welcoming space for community members to shift the conversation and create some discussion agreements to ensure all voices have equal weight, are heard and people can be their whole selves.</p> <p>Focus on how we share power and value the lived experience.</p> <p>Use the City Racial Equity Task Force Recommendation</p>	
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	<p>Members shared in the chat that End Poverty Durham seems to use that model - where people announce all of their affiliations including the faith community they belong to. Pam Diggs has seen this work really well in the tobacco prevention policy movement in our state.</p> <p>Natalie asked the group what is the purpose of community engagement in the Partnership? The Partnership has been having a lot of conversations about this during COVID such as how to support the community with data and other ways. Kweli brought up the notion of impact. Are there partnerships structured in a way that gives the results that we would like to see?</p> <p>The task force model is good if you want to set an agenda around microservice delivery. It is empowering if the partnership pivots on their recommendations. Branda has seen this work for parents with kids with special healthcare needs to make systems change.</p> <p>Lara shared there are different ways to share decision making power- strong partnerships with community organizations who work with the people we are trying to center in our work; youth-adult boards with community organizations represented who make decisions about/direct specific projects; community engagement sessions to collect feedback, and having youth on staff. Always pay people for their time.</p>	<p>report policy tool for the Partnership.</p>	
<p>Announcements</p>	<p>Cancel the December meeting and meet January 26, 2021.</p> <p>Next meeting- discuss accountability to the community, what that looks like and what model(s) would work best. Answer why do we want community engagement? Everyone come prepared with a vision of what they want Partnership to look like- accountability to community, model for entire Partnership or different for each committee, why community engagement? There may be a suite of approaches instead of just one approach needed.</p>		