

Engaging People with Lived Experience of Inequity: Relationship Building



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Authors

Team Leaders:

Yolanda Roary, MA, Institute for Healthcare Improvement Faculty & LiveWell Kershaw Coalition, Community Champion

Bernice B. Rumala, PhD, Institute for Healthcare Improvement Faculty, Fulbright Fellow, Harvard Research Fellow, and Former: United Nations: Middle East

Shemekka Ebony Coleman, MS Institute for Healthcare Improvement Faculty & Southeast Raleigh, YMCA, SCALE Community, Community Champion

Contributors:

DeAngelo Knuckles, Buckeye Healthy Eating & Active Living (HEAL), Community Champion

Amy Turk, LCSW, Chief Innovations Officer, Downtown Women's Center

Erica Glaze, MPH, MCHES, Health Improvement Partnership Maricopa County (HIPMC), Live Wealthy LLC

Chelsea Canedy, Institute for Healthcare Improvement, SCALE Implementation Team

Reviewers:

Stephanie FallCreek, CEO Fairhill Partners, Vice-Chair Evidence-Based Leadership Council, Chairperson Laurel Lake Retirement Community

Erica Glaze, MPH, MCHES, Health Improvement Partnership Maricopa County (HIPMC), Live Wealthy LLC

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Implementation Guide

Engaging People with Lived Experience of Inequity: Relationship Building

This package consists of three resources:

1. 2019 Implementation Guide: Engaging People with Lived Experience of Inequity: Relationship Building

Roary, Y., Rumala, B.B., Coleman, S.E., Knuckles, D., Turk, A., Glaze, E., Canedy C., FallCreek, S. Engaging People with Lived Experience of Inequity: Relationship Building. Implementation Guide. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2019.

2. 2019 Pre-relationship to Relationship Building Assessment Tool and Resource Guide

Rumala, B.B., Coleman, S.E., Roary, Y., Canedy C., Turk, A., Knuckles, D., Glaze, E., FallCreek, S. Pre-relationship to Relationship Building Assessment Tool and Resource Guide. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2019.

3. 2017 Engaging Community Members with Lived Experience Synthesis Report

Coleman S, Byrd K, Scaccia J, Stout S, Schall M, Callender S, Anderson J, Behrman N, Budnik A, Smith D, Brown L, Douglas W, Bussey R, McDermott E, Munene E, Mullin F, Hatchett L, Pohorelsky J, VanLanen T, Pairolero B, Mann Z. Engaging Community Members with Lived Experience. SCALE 1.0 Synthesis Reports. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017.

About the SCALE Series

This relationship building guide is based on the experiences and results of a collaboration between leaders of organizations and leaders with lived experience across multiple communities, nationwide. This team committed to digging deeper into how best to engage people with lived experience as partners in community improvement as a part of the 100 Million Healthier Lives movement. This work began in 2017 with a group who shared their experiences in working with teams to identify best practices in co-designing change efforts and developing tools for engaging people with lived experience. The results of this discussion were shared through the distribution of an Engagement [toolkit](#) and [synthesis report](#). After applying that foundation in a network of communities, we find ourselves driven to dive even deeper into the practice of engaging people with lived experiences in all communities.

100MLives has worked with many partners to make the community-based work possible, each of whom brings their unique expertise and knowledge to make this work a success. These partners include and are not limited to:

- [SCALE Communities](#)
- SCALE-Up Communities
- SCALE Coaches
- SCALE Implementation Team
- SCALE Evaluation Team
- [Institute for Healthcare Improvement](#)
- [Georgia Health Policy Center](#)
- [Heluna Health](#)

You will see a collection of definitions to ground you, stories that demonstrate real-life experiences, and evidence-informed “bright spots” that will give you and your participants the confidence you need to implement effective change in your community.



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Executive Summary

PLE – Co-Leadership Team

Whether you are improving a community or an organization, to build lasting change requires intentionality. Bringing intentionality into improvement takes practice and work. The inquiry that inspired this implementation guide uses best practices of engagement to focus more deeply on the relationship-building process. Building relationships that advance equity takes time and commitment from everyone who is engaged. This includes those who experience inequities every day and those who benefit from privilege and relative power within their identities. This implementation guide explores relationship building and offers resources, experiences to reflect on, and tools for action. Each of these components will guide you on your journey to reflect on existing partnerships and build stronger relationships within your work..

Community of Solutions (COS) is a framework, anchored in co-design, that supports communities to nurture behaviors, processes, and systems that, over time, result in a Culture of Health that sustains improvements in health, well-being, and equity. Understanding the COS framework, along with this relationship building guide, will support efforts to achieve more meaningful relationships with your community and your team. Concepts that may seem unfamiliar in this work, such as teachable moments, lessons learned, and “bright spots,” will be explained and illustrated. Leadership skills for engagement, such as Leading from Within (LW), Leading Together (LT), Leading for Outcomes (LO), Leading for Sustainability (LS), and Leading for Equity (LE), are pillars of the Community of Solutions framework, from which a curriculum was built to engage communities.

Each of these pillars create best practices for engagement and illustrates a framework in how to partner effectively by prioritizing and building on the lived experience of community members. The shared experiences of the entire team are featured to show how prioritizing the experience of individuals who are systematically marginalized improves the potential for meaningful pre-relationship and relationship building, creating community engagement, and driving improvements that are desired by the community.

Through a collaborative process of co-leadership and co-design, the team that created this document was able to form deeper relationships. We, the team members, conducted listening sessions and shared our lived experiences with community members. Together, we encouraged each other through periods of hardship, and shared new innovative ideas and tools to bridge the equity gap.

Members of the team that created this resource have an understanding of the inequities that illustrate the need for this implementation guide. From experiencing housing insecurity (homelessness), food insecurity, job insecurity, financial insecurity, racism, discrimination, and a myriad of personal, family, and health obstacles, this group understands the many dynamics that should be considered when working with people. With our own lived experience, and the experiences we carry from our communities, as our

expertise, these challenges helped the People with Lived Experience (PLE) workgroup to pour our hearts into change.

"For in all of us there is a destiny tied to someone else. Let us love, share, and give, that we may grow in greatness together." - Yolanda Roary

"Sharing our lived experiences brings the faceless issues to the heart to promote change." - Bernice B. Rumala

"Be a mirror alongside others, when they cannot see the brilliance within themselves." - Shemekka Ebony Coleman

Yolanda Roary, MA



Bernice B. Rumala, PhD



Shemekka Ebony Coleman, MS



A Letter to Community Champions

DeAngelo Knuckles – Community Champion

Hello, I can't help but notice the positive energy that you have. It seems that you're genuinely passionate about your neighborhood. A Community Champion is who YOU are! Standing up to be seen, making a difference, or just having great ideas in the background for a neighborhood of unity. Just like most of the communities around the country, it's safe to say so many familiar things have changed. Change can be good or bad, so what keeps you going, Community Champion? What makes you stay? Community Champion, what do you think we can do to make this community a little better. We want ideas, no matter how big, but we also want to know the small things because they get overlooked. What resources is this community full of so we can stand on them right now? And what resources do we need to continue improving and attracting more Community Champions like yourself? There is so much diversity of people in the neighborhood, but the neighborhood is sustained by people like you. Community is built by people like you and it's the reason communities grow. The neighborhood needs you, Community Champion, we need you and thank you! -- DeAngelo Knuckles

Community Champions carry an inward passion and drive for equity and wellness in their community. The vitality of a champion's presence is immeasurable. Community Champions are a voice for the voiceless. With an endeavor to bring knowledge and awareness to government officials and organizations that exhibit discrimination or lack of awareness of need, Community Champions are on the front lines, advocating and encouraging. Going against the grain is a common practice for champions as they reveal

and uncover hidden policies and practices. Champions fight for what's right, offer shoulders to cry on in distressed situations, and listen to the unheard and unseen with ears of compassion. Every community needs a champion!

Pre-relationship and Relationship Building Overview

The Joys of Pre-relationship and Relationship Building

Pre-relationship to relationship building is a rewarding process. Pre-relationship building refers to the preparation process and intentional early-stage connections, such as encounters leading up to the first collaboration meeting. For example, a community organization or community leader may wish to form a team to address improvement in their community together. Early-stage connections create space to build familiarity, commitment, and trust, and to introduce activities toward stronger intentional relationship building. Relationship building is the nurturing of ongoing relationships from the initial collaboration meeting and beyond.

Increased attention to pre-relationship and relationship building pays off in the long-term with benefits such as less attrition in participation, meeting agreed-upon goals, establishing buy-in, and promoting advocacy when it comes time to implement change. When relationship building is prioritized, the gains in community and quality far outweigh the challenges of creating a product that everyone is invested in.

Prioritizing relationship building creates opportunities for increased insight into fresh perspectives, for strengths and gifts to emerge that will make the work more meaningful and effective. This is especially true for people with lived experiences of inequity. Prioritizing this process deepens people's commitment to the work, and creates a climate for communication that encourages honesty and makes it safe. Engaging people in these early stages of change, design, and planning helps not only bring increased resources and tools to the change work, but it also expands everyone's thinking and helps make sure the group doesn't miss key opportunities or solutions. Early engagement also ensures mutuality in the work and fosters an environment where ongoing co-learning, co-leadership, and co-design can be nurtured in all stages of the change efforts.

There are both personal and professional benefits to individual participants in the relationship building process. These benefits include identifying opportunities to improve your health and well-being as well as your team's. The trust and honesty needed to create this space increase insight into areas where both individuals and teams need to be authentically dedicated to health improvement and equity work. If an atmosphere of safety is established in the relationship building stages, then the group will find ways to challenge each other when needed—for example, to decrease implicit biases and deepen its own commitment to the work. These Leading from Within benefits also enhance our own sense of connection to individuals and communities, which strengthens our own commitment to the work.

Having strong relationships with people with lived experience creates champions who will make sure that co-designed change ideas are well-received in the community. If people with lived experience co-design and co-lead the improvement initiatives, they can help make sure that ideas that the team put a lot of time and effort into are not rejected by the community. Focusing on relationship building further expands social networks, ultimately increasing the community's ability to reach more people in the health improvement work. It even leads to further cross-engagement in areas of mutual interest. Investing time in the

pre-relationship and relationship building stages is key to ensuring that health improvement plans don't just sit in a professional-looking report on a desk, but that they are actually implemented and truly of benefit to those most in need.

Community of Solutions Framework and Relationship Building

Over the last few years, SCALE Communities have implemented the (COS) model and built the skills to operationalize the model. These skills enable communities to develop a set of behaviors, processes, and systems that, over time, lead to sustainable improvements in health, well-being, and equity (Stout, 2017). The skills intentionally focus first on you as a person and how you work together with communities. The foundations of the model are described in the [Overview of SCALE and a Community of Solutions synthesis report](#).

In this implementation guide, we contextualize the COS framework specifically for relationship building in local and global communities. This intentional relationship building creates capacity to focus on equity, outcomes, and sustainability. Without the pre-work on relationships, we have found that communities struggle to get to sustainable results. Utilizing the COS framework leads to a Culture of Health. The COS framework embodies five categories: Leading from Within (LW), Leading Together (LT), Leading for Outcomes (LO), Leading for Equity (LE), and Leading for Sustainability (LS). Given the importance of pre-relationship building when working with people who have lived experience of inequity, the COS skills highlighted in this guide illustrate how to embed relationship building into every level of the work.

Leading from Within for Relationship Building: This concept involves the inner journey of a leader in health equity work. Self-awareness of individual strengths and areas for growth allows for people to demonstrate vulnerability and can unlock the leadership potential of others.

SCALE communities learned over time to approach work from a place of abundance, even in the midst of scarcity. Honoring an abundance mindset helps illustrate the value in our collective diversity. Knowing oneself and what inspires people to leadership (including biases and areas for potential growth, or, “growing edges”) is essential. This process opens groups up to humility. At times this means using instances of perceived “failure” as an opportunity to grow. When individuals learn from what could have gone better, they are able to embrace change and lead through individual vulnerabilities (Leading Together).

Leading Together for Relationship Building: We are all in this together, and the work is more rewarding as relationships deepen and as we understand the mutuality in this work. Leading Together skills are grounded in a perception of the community as a dynamic network of people, organizations, structures, and systems that are linked to a place. It is necessary to lead together with all individuals who impact or are impacted by a community to create effective, equitable change.

Elements of Leading Together

- Developing trust
- Building relationships and interconnectedness
- Effective teamwork,
- Inclusive collaboration (including creating a “brave space” for collaboration)
- Asking open and honest questions

Each of these elements impacts the relationship building journey and will be utilized often as your collaboration efforts increase.

Part of Leading Together is honing facilitation skills to cultivate the leadership of others. As relationships grow, communities find greater ability to have difficult conversations when needed. Each of these

elements engenders an appreciation of the value of differences. Through this piece of the framework, communities may gain an ability to be at peace with potential conflict, which ultimately leads to growth. This is called holding tension in life-giving ways. Community members who are part of this process each have a sense of personal voice and agency from the Leading from Within skills, and build capacity to create community and accomplish sustainable outcomes together.

Leading for Outcomes for Relationship Building supports communities in applying design thinking skills to co-create a theory of change. This includes identifying measures, testing theories, and planning for implementation and scaling up in a way that makes these tasks easier. In the pre-relationship LW and LT phases, we are frequently learning about our stories and listening to understand solutions within people's lived experiences. While LO utilizes design thinking and implementation science skills, these tools will result in less meaningful results without strong foundational work in LW and LT. Basing the work in relationships creates solutions through knowing people's stories, and we can test interventions that are actually meaningful to the people who need them the most. Getting to results and outcomes is one of the best ways to build lasting bonds and relationships with people. Having the satisfaction of accomplishing change together keeps communities progressing forward and ultimately leads to Leading for Sustainability.

Leading for Equity for Relationship Building focuses on health improvement for those who need it the most while also addressing equity at a structural level. Equity is defined as a set of conditions in which all people have the opportunity to attain their highest possible level of health and well-being, without barriers that prevent them from doing so. In the Community of Solutions model, it is nearly impossible to Lead for Equity without the pre-relationship building steps developed through LW and LT. The time devoted to the pre-relationship stages with people with lived experiences ensures that our communities are addressing equity in a meaningful way and designing solutions that make sense for those most impacted by inequities.

Leading for Sustainability for Relationship Building facilitates an ongoing process of transformation in a community through four key elements: environmental (physical, political, cultural), resources (intrinsic will for change, financial support), people (cultivation of leaders), and change (growth in the change process). Our level of relationships with people and communities influences all of the elements within LS. Building strong relationships is a significant ingredient of sustaining our work together. Health improvement work that started as a new idea or project may actually transform into a practice or policy. Our goal in LS is to transform the work further into larger and lasting systems change, something that will never happen without foundational pre-relationship work with people with lived experience.

Landmine Challenges to Avoid in Pre-relationship and Relationship Building

Although there are many joys in the pre-relationship and relationship building process, even when best practices are used, the process can still have complications. Individual processing on working with individuals from different backgrounds to oneself can lead to questioning one's value in a collaborative space. The potential of hosting collaboration composed of individuals with intersecting identities can allow for new ideas to emerge. Challenging individuals to grow together can lead to intersecting strengths and at times insecurities. A few common examples of processing are highlighted in the image below:



WHY CAN'T WE ALL JUST GET ALONG? WHY CAN'T WE ALL AGREE?:

Often in meetings and as part of the pre-relationship and relationship building processes, differing opinions emerge. Acknowledging and working constructively with these differences can lead to exceptional insights and strong solutions. Understanding the techniques and resources available to navigate these dynamics at the beginning of the process and as it continues is important. We will see this explained further as a teachable moment from Livewell Kershaw Access to Care Workgroup.



Tools for Action: Teachable Moment Livewell Kershaw Access Group (page 23),

Community of Solutions Skills: Leading from Within and Leading Together

IS IT SAFE TO SHARE?:

Once a meeting is planned and an agenda is set, there is often little opportunity for additional discussion on items or the introduction of new items. When meetings are tightly focused on getting through the agenda, people may be reluctant to share important information or feelings. When a person has

something to contribute in a meeting that was not previously approved to discuss, too often it will go unaddressed or will be allowed but managed in a way that makes sharing uncomfortable. Sometimes even when your opinion has been solicited, you may be unsure whether sharing comes with a cost. Questioning whether you can feel safe to share is fueled by lack of trust in the group, seeing poor outcomes for others when they speak up, and having experienced or witnessed subtle and/or overt retaliation for speaking one's own truth.

LIVED EXPERIENCE STORY FROM THE FIELD: IS IT SAFE TO SHARE?

Problem: A community member didn't feel that their community environment was a safe place to share. When this community member shared their story in the past others began using the story to get money from funders, while this individual did not receive any of these benefits. Through not compensating this individual while referring to their lived experience the individual lost control and ownership of the narrative and felt further isolated from the work in the community. This problem continued to grow and the individual and this individual's family, heard a presenter share a story in front of an audience for an event. The family felt uncomfortable hearing the story being presented to this audience without their consent. The presenter sharing the story didn't fully recognize that this individual was in the room.

The root cause of this problem is that it highlights how organizations profit from individual stories of oppression and the specific lived experiences that they may hold. In this specific example, this individual was able to grow and become a leader, though the narrative being told to the broader community was of oppression and sorrow. Through only being represented and valued for the low points of that individual's life, the community members felt as if only their stories of oppression were being valued instead of the unique contributions they have made to further the work. The fact that an organization can receive funding to improve the lives of individuals who have experienced inequity and the individual with lived experience is oftentimes systematically barred from that trust brings up a unique power dynamic to consider when conducting this work.

It is important for all to be mindful of preventing exploitation in the pre-relationship and relationship building process. This means receiving permission to share stories and photos, and keeping equity at the forefront of the process in terms of funding and shared decision making. This includes frequently checking for consent, compensating individuals as appropriate, and seeing value in the range of contributions and skill sets an individual can have in the work.



Tools for Action: [Developing Touchstones](#) [Habits of the Heart](#) **Community of Solutions Skill:** Leading for Equity, Leading from Within, Leading Together, Leading for Sustainability, Leading for Outcomes

I DON'T KNOW IF MY WORK IS VALUED:

This feeling may arise when there is a lack of relationship and trust, even though trust building is in progress. This feeling also arises when responsibilities are not equitably shared or there is organizational hierarchy present and workers/partners feel their contribution is not appreciated.

LIVED EXPERIENCE STORY FROM THE FIELD: VALUING PRESENCE BUT NOT COMPENSATING FOR TIME

As a community member with lived experience, I remember working with existing and new community organizations that wanted to connect with the community and include the community in its redevelopment process. The organizations received a lot of kudos and accolades for such wonderful efforts to connect with the community, which helped them get access to more funding. However, there seemed to not ever be an opportunity to be compensated for my work in its success. I was asked frequently to facilitate at meetings and speak, until I spoke up about feeling undervalued. I would prepare and present packages of how my engagement work could be done better with more than the \$100 a month compensation I was currently receiving. I felt they would listen to my ideas, but choose someone else to do the work or hire more reputable engagement firms instead. I also felt that I wasn't invited into the meetings where money was involved, just the meetings to get the community on the "same page."

When beginning the journey of engaging community members, look hard and creatively at how your organization can develop strategy and policy to ensure value-based compensation for community members wanting to support community improvement. This may mean looking hard at ways to reallocate the current budget. Creating Communities of Solutions must begin with everyone at the table being seen as a valuable contributor.



Tools for Action: [Advocates Program Compensation Policy](#), [Developing Touchstones](#), Reinventing Organizations by Frederic Laloux

Community of Solutions Skills: Leading Together, Leading for Equity, Leading for Sustainability

I DON'T KNOW IF I HAVE A VOICE IN THIS MEETING. DOES MY OPINION MATTER?:

In some organizational partnerships, there are moments when partners may feel that they have no voice when collaborating with others. Feelings of insecurity may stem from being new to the team, or recalling the negative outcomes of others who exercised their voices in the past. New collaborations should consider developing touchstones that reflect that everyone has value.



Tools for Action: YouTube video with [Suzette Shaw, Downtown Women's Center Community leader](#)

Community of Solutions Skills: Leading for Equity, Leading from Within

WHAT DO WE DO IF HARM OCCURS IN THE GROUP? IF I OR ANOTHER PERSON HAS HARMED ANOTHER PERSON IN THIS SPACE?:

If this is an established group where harm has previously occurred, it is good to acknowledge the "fail forward" moment and attempt to learn a new way together. This can be completed through acknowledging the history of harm and gaining a shared understanding of how growth and harm have manifested over time. If individuals from all parties are aware of the harms that have existed over time, a River of Life activity that acknowledges the history, and different channels of work and the hurdles that have been overcome in an artistic way. After this shared history is created, a truth and reconciliation roundtable session can shape engagement with individuals who have lived experiences of inequity. If

individuals are not aware of historical harms in the space a mediated restorative justice session can help assist in community healing

If harm happens through an interpersonal dialogue within members of a space, begin by acknowledging the instance of harm. If the group is facilitated, acknowledge the harm in front of the group, either in the moment if this group does not meet regularly, or after a conversation with the impacted individuals. After acknowledging the harm, connect this instance to ground rules and revisit any adopted frameworks to recenter the space. Check in with the individual(s) who was harmed and make sure they feel supported in the space ask if there are any other steps that could be taken to increase that support. Check in with both the individual who has committed the harm so that they understand what happened, and what the impact is on the community. If the individual is interested a path towards healing begin connecting that individuals with tools and resources that can support them on their learning journey.

A tip for group relationship building is to co-lead with vulnerability. Through establishing and identifying neutral members of the team who can serve as safe support leaders during meetings communities can have a plan of action to address harms as they come up. These members should be trained so that others can approach them at any time. These safe leaders offer support during triggering or difficult activities and should have a trauma informed lens to add to their work. These steps are helpful and necessary when initial relationship building begins to emerge.



Tools for Action: [River of Life Activity](#), [Truth and Reconciliation with Healthcare Leaders](#), [Restorative Justice Framework](#), [Trauma Informed Facilitation](#)

Community of Solutions Skills: Leading from Within, Leading Together, Leading for Equity, Leading for Sustainability



"Joy In Co-Design." Ziva Mann and Shemekka Ebony Coleman began their pre-relationship journey in a conversation on a bus at a CHILA in 2016.

New Resources for Pre-relationship and Relationship Building

The People with Lived Experience Workgroup conducted listening sessions to explore the needs of the community in terms of relationship building. Several themes arose from this session, including the need for a pre-relationship building assessment. As a result, a pre-relationship building assessment and resource guide has been created to enable communities, organizations, and individuals to assess where they are in the areas of voice, engaging individuals with lived experience, value, resources, co-design, and process. Existing tools/resources, new tools/resources, and navigational guidance resources are provided as part of the assessment to enable implementation towards action (Rumala, Coleman, Roary, Canedy et al., 2019).

Bright Spots and Teachable Moments

ROLE OF ENGAGING PEOPLE WITH LIVED EXPERIENCE AND COMMUNITY CHAMPIONS IN PRE-RELATIONSHIP AND RELATIONSHIP BUILDING

Shemekka Ebony Coleman and Bernice B. Rumala

Teachable Moment

Engaging People with Lived Experience in Pre-relationship and Relationship Building

People with lived experience (PLE) have a unique, critical role in the relationship building process. As individuals, they understand inequities because they have lived with them. They bring distinctive perspectives to the work of identifying and delivering equitable solutions. These equitable solutions emerge in both the early and later stages of relationship building when PLE in co-leadership and co-design are involved at the onset of the relationship and the process. Co-leadership and Co-design in the relationship building stage help to strengthen the partnership through equitable shared decision making and expansion into new ways of thinking toward solutions. The practice gives both voice and authenticity to the solutions that are developed.

Lived Experience as Expertise: People with Lived Experience are the Experts

Lived experience is defined as expertise that doesn't come from training or formal education but rather from personal experience with an issue or challenge. People with lived experience are the experts. They know a system, process, or issue from the perspective of those affected by or trying to engage with it. PLE know what is likely to work in the real world of day-to-day community life. They also know what is not likely to work and what might be modified to give improvement a better chance. They often, especially collectively, are knowledgeable about what resources (formal or informal) may be available to advance desired changes. PLE know what's needed to make things better.

When PLE are referred to throughout this document, we are identifying a way of understanding people that you may be seeking to engage in improving health, well-being, and equity in your community. You also may identify yourself in a new way or learn a new term to express your role or potential roles of community members you want to connect with for your community improvement work.

Role of the Community Champion in Pre-relationship and Relationship Building

This section will review the who and how of connecting community people and organizations in the pre-relationship stage. It will enhance understanding of PLE and those who identify as Community Champions.

Community members with lived experience are experts who have lived (or are currently living) with the issues the community improvement work is focusing on and who may have insight to offer into a system as it is experienced.

A Community Champion is a community member with lived experience affected by inequities in a community. Community Champions in SCALE were identified as community members who were also leaders or aspiring leaders in their community. During SCALE, Community Champions were also appointed as members of the leadership group or core transformation team in their SCALE community. These individuals indicated that they were ready to be actively involved in efforts to improve the health and well-being of their community. They were informal or emerging leaders in their community, or they were ready to step into a leadership role. Most importantly, Community Champions were connected to a group of peers with shared lived experience. One Community Champion's perspective, from which much can be learned, is shared below.

INSIGHT FROM COMMUNITY CHAMPION

DeAngelo Knuckles**Who I am...**

I am a father. A son. An entrepreneur. A community advocate.

My name is Aaron De'Angelo Knuckles. My first and middle name became interchangeable based on the circle I was hanging in—one was linked to doing things that were bad and the other was linked to good in me. My last name, Knuckles, is a name not allowed to be tarnished because it was not my own. My name also represents family, past and present. A name that has to be honored. I now realize that both my first and second names are just as important to honor because the more I learn about myself, the more I am all of them, DeAngelo and Aaron. Today, I am able to stand up and fight for someone else— an all-important tool. A tool that I did not put into place before.

My people are diverse, falling into no specific categories. My people are based on who I surround myself with. Some of the people that I surround myself with have a thirst to move forward but lack the drive to do so. Some of those that have the drive to move forward lack the know-how.

Before the SCALE initiative, I already was fighting to get the community healthy. It was the realization of the lack of equity in my neighborhood and community that brought me fully on board to be a change agent. Through SCALE, I could see how equity brings people towards a healthy lifestyle. I wanted that! Equity allows you to see disparities. It's more than just jogging around the corner in your neighborhood. It's so much more than that. My SCALE work is important to me because it provides tools to understand the importance of being healthy. Those same tools help me understand who my allies are and improve my ability to acquire new allies (with relationships).

SCALE

The most impactful and fondest memory of my SCALE experience began at CHILA 1. We participated in the “Stare” activity where we had to stare into the eyes of someone that we were paired up with. I was paired up with Soma Stout. I had no idea who she was, nor she of me. The fact that I didn't know who she was made this activity easy for me. Nothing doing, just stare into her eyes. To my surprise, everything came out of that stare! Doubt. Insecurity. Fear. What also culminated from that stare activity was a friendship that will last a lifetime. It was the fastest, most intimate relationship (building) that I ever had! Participating in that activity opened me up to my own judgment of self, worries about self, and hurt from self.

On a SCALE meeting level, no one particular meeting stuck out for me. I'm like a sponge, absorbing so much that no one meeting hit home, just the experience with the people telling me their own stories. The concept of “failing forward” was not apparent to me, not in the way that I live my everyday life. To be able to take someone's failure and to see how they use it to teach others allows us to possibly miss that stumbling block in our own lives, things we can't ever learn in a book.

An “aha” moment for me was coming into SCALE. I came with limited knowledge based on working out - being physically active in my own community. I began to see how social injustice affects my community and those of others. I saw how multiple factors contribute to injustice. I realized how my community is considered a minority when it comes to application of finding ways to be healthy and stay healthy.

The big “aha” is being able to see first-hand how people accept injustices as truths, not even knowing that they are injustices.

What I learned...

After SCALE, I am fighting to keep the injustices from allowing the community to be unhealthy! I have learned to use the SCALE processes, tools and people to help me set up for success so that I can help my community thrive in an equitable environment. I feel empowered by SCALE.

My vision for myself is that I am dependable, committed, and faithful to my community.

My vision for my community is that it will someday be a community full of networks, local champions and change agents fighting for equality and to cut out disparities. A community that is thriving to get to the next level by looking through a community lens without color. A community that is warm and inviting. A community that has access to resources and people to fight for any of them that are not in place.

My vision of my contribution to a Culture of Health and 100 Million Healthier Lives is simply this: talk about it and be about it! It is important to be seen being healthy and assisting organization(s) with implementation. Not only advocate for fresh food and local food co-ops in the community but also eat healthy.

I want to be the motivation for people that want to work out and be healthy. I want to create a movement of exercise gurus— people who totally dedicate their lives to being healthy and empowering other people to get to the next level. I want for people to not be afraid of having conversations about the impact of chronic illnesses in our community and then to be activated by those conversations, taking the pain and stain out of it by being healthy.

“It’s easier to build strong children than to heal broken men.” -Frederick Douglas

**Knuckles – the People’s Champion! Getting the Community in the Ring! -Aaron DeAngelo Knuckles –
Buckeye/HEAL Community Resident & Coalition Member**

100MLIVES WAY OF CONDUCTING MEETINGS AS A FORM OF PRE-RELATIONSHIP BUILDING

Bernice B. Rumala

Bright Spot and Teachable Moment

Having been used to professional meetings with rigid structures, my first exposure to a different way of conducting meetings was with the 100 Million Healthier Lives initiative (100MLives) 2018 Fall gathering in-person meeting in San Diego, California. In what would be my first of many subsequent meetings with 100MLives (in person and virtual), there was dedicated time for everyone to check in, be present in the moment, and express how one was feeling. I had only heard of this being done at “retreats.” However, with 100MLives, this was meaningfully incorporated into the agenda for each meeting.

This simple incorporation of checking in at the beginning helped to build comradery among those present (including myself) for the in-person and virtual meetings I participated in. It helped to create a bond and helped us to understand more about individuals in the meeting beyond the professional side. In essence, it enabled people to bring their lived experience and whole selves to the meeting as part of pre-relationship building instead of wearing only a “professional hat” as is often advocated as part of the professional ethos for many work environments.

This also enabled the group not to have to dissect the myriad of identities and lived experiences that we bring to the space in an effort to improve equity. I recall that at one of the check-ins, one of the questions asked was “What brings you joy?” Each person began to share.... One person said taking nature walks, another group member reflected on how she was glad to spend time with her grandchildren. Sharing during check-ins also became a space for healing and sharing of resources between group members. On one particular occasion someone had a loss in her family and she was able to share the grief she was feeling at the moment while team members provided space for listening and reached out to her with resources. This was unique and truly transformative for me in terms of a gold standard for conducting meetings.

A safe space was also created through sharing of norms and guidelines in the meeting so that individuals were able to share and contribute their lived experiences. We as a group were able to contribute by co-designing elements of the norms, guidelines, and agenda that were important. Most of all, I loved the semi-structured nature of the agenda to enable flexibility, growth, and a deeper dive into elements that may not have been on the original agenda.

In some of the meetings, there was dedicated time to debrief at the end on what worked well and opportunities for improvement. It enabled a richness in discourse that otherwise would not have happened if the agenda were very rigid. As a result, I have seen the success and utilized this meeting format for different populations including PhD students, executive leadership meetings, community meetings, and one-to-one meetings.

I recall in the first meeting I attended, I wondered if it was possible for people to truly bring their whole selves into a meeting and fully share for the benefit of equity. I now know that it is possible as long as a space is created for sharing, co-designing, and co-leadership. One of the first lessons shared, and one that has stuck with me, is “We are all in this together” as we continue this work towards equity.

DOWNTOWN WOMEN’S CENTER RELATIONSHIP BUILDING LEADS TO CO-DESIGN OF AN ADVOCATES PROGRAM

Amy Turk

Bright Spot

The Downtown Women’s Center (DWC) leads a cross-sector Domestic Violence and Homeless Services Coalition to create a survivor-centered system to increase access to safe housing and supportive services for survivors of domestic violence and homelessness. Survivors of homelessness and gender-based trauma are driving the work at all levels of the Coalition. After a year exclusively devoted to relationship building with women with lived experience, the idea of an Advocates Program emerged. Relationship building was fostered through infusing principles of Habits of the Heart and 100 Million Healthier Lives Community of Solutions in monthly workgroups, quarterly large Coalition meetings, and three day-long Community Health Improvement Learning Academies (CHILAs) in Los Angeles. This foundational work led to the Advocates deciding to design a program comprising four components:

1. Monthly skills-based training in effective advocacy, policy history and context, and learning how to publicly present their stories.
2. Monthly “business” meetings to study policies, plan for upcoming advocacy efforts, and coordinate logistics with speaking schedules.

3. Monthly peer support group to support each other through the emotional aspects of advocacy work.
4. Monthly check-ins with an Ally. Each Advocate is paired with an Ally to help support their learning and create opportunities for mutual growth in our work in the Coalition together.

Program Theory: Sharing personal trauma narratives is both an empowering tool for healing and a potential trigger for re-traumatization. With the support of peers and service provider staff attuned to survivor needs, the Advocates Program utilizes co-design principles of *Leading from Within* and *Leading Together* to bolster the healing of Advocates through individually tailored supports, peer support, skills-based training, and systems change advocacy.

Keys to Implementation: In the first year of program implementation, attention to readiness to participate, financial compensation (see Relationships and Finances sections), and sufficient peer and staff support emerged as the most important aspects of our work together. Regarding attention to readiness, although their journey of healing continues, the women's housing and safety needs are currently met. In the relationship building stages of our work together, Advocates frequently mentioned concerns related to inequities of social service staff being paid for their time in the Coalition while the Advocates were volunteering their time. Financial compensation became a non-negotiable for the women, and they are now compensated for their time. Staff set initial compensation parameters based on private grant funding and the Advocates finalized the compensation policy to match their needs. Lastly, fostering an environment encouraging peer and staff support was important to the women; they initiated a peer support group and requested to be paired with Allies who were seasoned in their careers to further support their growth.

Time to Implement: The program requires 10-20 hours per month of staff time to coordinate and facilitate. Advocates' time ranges from 4-15 hours a month. Implementation duties include outreach and engagement, agenda setting, reminder correspondence for meetings, meeting facilitation, advocacy education, coordination of advocacy efforts (e.g., meetings with electeds), scheduling training/trainers, and communication/coordination with Allies and Advocates. Additional time is needed to help prepare Advocates for public speaking for conference presentations, media interviews, press conference statements, and signature advocacy events.

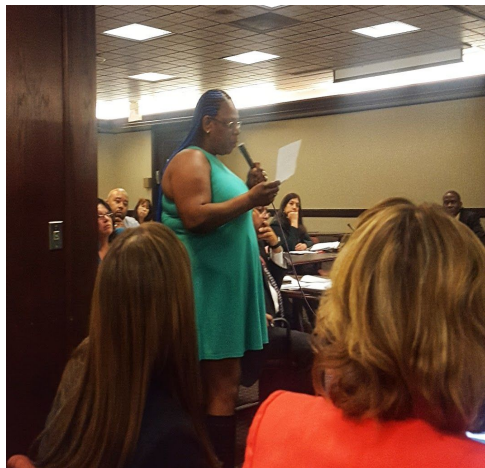
Cost to Implement: Flexible funding is needed to compensate the Advocates. \$24,000 supports Advocates' time, including a monthly stipend for one Advocate who served as an intern. Additional costs include 20% time of a staff coordinator and 15% time of a director.

Partnerships: Leading together with other Domestic Violence Homeless Services Coalition members is crucial to further support the work with people with lived experience into all facets of the Coalition. One key partner is the Corporation for Supportive Housing, a technical assistance housing agency with a strong track record of training advocates with lived experience. They support the program via sharing their curriculum and leading meetings with the Advocates. Other partners include the Allies, including executive directors and system leaders of non-profit and government entities.

Measurement and Evaluation: Outcomes of the Advocates' experience in the program are measured using the 100 Million Healthier Lives Well-being Survey Tool. Advocates use it as a quarterly pulse-check regarding their overall well-being. Results are discussed in the peer support group and in one-on-one meetings with their Allies.



Tools for Action: [100 Million Healthier Lives Well-being Survey Tool](#)



Domestic Violence Homeless Services Coalition Advocates power pose before making public testimony to the Los Angeles Board of Supervisors for increased funding for housing and services.

DOWNTOWN WOMEN'S CENTER RELATIONSHIP BUILDING AND FINANCES

Amy Turk

Teachable Moment

Compensation is crucial when working with people with lived experience to respect their time and labor, and to create mutuality in *Leading Together* practices. Community groups and social service organizations leading coalition work need to factor methods of compensation into their work with PLE. Without financial compensation, hierarchies of power are reinforced, and some PLE may start to feel used, may feel uncomfortable speaking up to staff in paid positions, and, in the worst-case scenarios, may be further traumatized by inequities that play out directly in community work. Many people with lived experience have survived generations of institutional racism and marginalization and deserve to not have to ask for compensation or feel ostracized, even second-class, without it. Social services risk exploiting people for their stories if they do not have financial capacity to support the emotional and skilled labor of people with lived experience.

There are many competing realities when working with PLE and social service programs. Many social service programs, especially those predominantly funded through government contracts, may not have flexible general funds to provide gift cards, stipends, or paid positions for people with lived experience. Most government contracts require personnel to have credentials or higher-level education, which may preclude some from applying for positions. For people with lived experience, accepting paid work may jeopardize their eligibility for affordable housing and health care programs. Although some social services are recognizing that they cannot meet their mission without hiring people with lived experience, it is challenging to find funders who agree, and the field is moving too slowly to meet the actual needs and interests of people with lived experience.

Regarding how the Domestic Violence Homeless Services Coalition Advocates are compensated, it is still a very small amount. Downtown Women's Center aspires to provide more, and when possible raises

general fund dollars to support additional stipends or solicits gift card donations from their supporters. These limitations were shared with the Advocates at the beginning of the program and the Advocates weighed in on how to make the best of the resources. For example, they chose what type of gift card they wanted and are able to receive individualized assistance, such as bus transportation cards, based on their unique needs. DWC also provides food and pays for transportation when we do advocacy work in the field together. Additionally, DWC pays for professional development certifications and conference attendance to help the Advocates advance their career opportunities, and ensures that they have clothing appropriate to the setting of their advocacy work. These offerings help close the gap a little, but finances and our relationships can still be an area of tension. Coming into the work with that awareness helps all parties prepare for crucial conversations and try to prevent concerns from festering into difficulties that cannot be overcome in the work.



Tools for Action: [Sample Compensation Policy](#)

HEALTH IMPROVEMENT PARTNERSHIP OF MARICOPA COUNTY VETERANS AND HOUSING INSECURITY

Erica Glaze

Teachable Moment

During the Equity Action Lab, we relied heavily on our partners who had trusting relationships with residents. We asked them to include people with lived experience in the Action Lab and they made it happen. As a result, we were able to do a focus group for one of the teams with veterans experiencing housing insecurity. The teachable moment was the rich conversation that we had at the Midpoint Meeting, where asked the group to reflect on where they were and how they could move up the spectrum. This led to an important discussion about realistic expectations. For example, when someone is in crisis, trying to keep a roof over their head and put food on the table, is it realistic to ask them to attend a series of meetings?

We discussed that even with appropriate compensation, this is fundamentally a different ask than, say, asking someone with diabetes or high cholesterol to attend a workgroup addressing medication management programs. In addition, we recognized that we must be thoughtful and intentional about how we engage those who are currently experiencing housing insecurity, those who previously experienced housing insecurity, and those who have experienced the veteran housing system. Given the different levels of complexity, using a one-size-fits-all approach may not be appropriate.



Tools for Action: [Action Lab Example](#)

LIVWELL KERSHAW COALITION/COMMUNITY CHAMPION STEWARD YOUTH MENTAL HEALTH

Yolanda Roary

Teachable Moment

Our shared goal from the beginning was to engage youth at all four high schools in Kershaw County while creating healthier lifestyles. Kershaw County School District officials attended a meeting with us where we discussed our aim and reviewed Parker J. Palmer's Habits of the Heart along with Community of Solutions skills. While we were able to create goals for our work, the students remained unengaged. After a scheduled event with the youth, soliciting their opinion and insight, we were amazed to find out their definition of what it takes to create a healthier lifestyle. Each group of students (four per high school) verbalized that mental health counselors were nonexistent in their schools. The students felt as if they

had no one to confide in, and the stress of demanding course work and schedules became a weighted beam on their shoulders. Having their lived experience, along with the experience of parents attempting to encourage a child that is overwhelmed, yet full of hidden success, was an indescribable feeling. One student shared his six-word story of self “Foundation of rock, built upon sand.” This embodied their lack of support, their mistakes, as well as flaws....while knowing their strength within.

Now, each school has a mental health counselor available to students daily. Student-led clubs have received grant funds to provide fresh fruit and vegetables for all during school hours.

Lived experience is not limited to adults. These teenagers suffered from a lack of support in the school system, and the residue of its impact spilled onto their parents. They now have satisfaction in knowing that their voices were heard, and systemic changes were made.



Tools for Action: [Overview of SCALE Communities](#), [Five Habits of the Heart](#)

Regional Municipality of Waterloo

YOLANDA ROARY

Bright Spot

The Regional Municipality of Waterloo, Canada created a lived experience practice manual. This manual is composed of relatable practices that can be implemented when organizations partner with people with lived experience. One example is the Rotating Chair. While carrying the title of Rotating Chair, each member is able to voice their perspective. This practice empowers members to develop facilitation and leadership skills and solidifies the belonging of all group members. Group members are reminded of the importance and impact of their perspective, knowledge, and skills. This is reiterated continually to reduce the chance of big egos dominating the group.. The resulting sense of inclusion ensures the drive needed for continued action, despite differences of opinion.

This implementation by the citizens of Waterloo carries the potential to create a national way of doing and being when PLE are included. Their initiative to hear and respect every voice exudes an inclusiveness that is desired and will be followed.



Tools for Action: [Lived Experience as Expertise](#)

PRE-RELATIONSHIP AND RELATIONSHIP BARRIERS TO CO-LEADERSHIP AND CO-DESIGN

Bernice B. Rumala

Teachable Moment

Ofentimes the issue of equitable voice in decision making for partnerships arises. At the pre-relationship building stage, some of the unspoken barriers that may lead to inequitable partnerships involve resources. Individuals or organizations that are more resource-rich would have unspoken power. For example, in the process of co-designing the agenda at the pre-relationship building stage, the party who

is more resource-poor might have wonderful ideas to share but feel less inclined to provide valuable input for fear of sharing a different point of view which may result in losing access to valuable resources and funding.

To mitigate this, it is important to create an atmosphere that enables shared decision making and input. It is also important to address any unspoken barriers such as power dynamics and resource equity at the onset of the pre-relationship and relationship building process. There are strong benefits in having a diversity of input, shared leadership, and a process of co-design for better and more equitable outcomes.



Tools for Action: Touchstones for Collaboration

LIVEWELL KERSHAW COALITION ACCESS TO CARE WORKGROUP

Yolanda Roary

Teachable Moment

During our SCALE journey, we were taught ways of being/doing called Habits of the Heart. The third habit is the capacity to hold tension creatively which we have adapted to “an ability to hold tension in life-giving ways” to reflect the internal transformation that can occur when processing conflict or tension. The creator of the Habits of the Heart, Parker J Palmer, explains in his work how our lives are filled with opposing views from those who may see things from a different perspective. He believes that if we fail to see the importance of holding our tension, we ignore the possible value of the opposer’s experience and knowledge. Parker states: “The genius of the human heart lies in its capacity to use these tensions to generate insight, energy, and new life.”

The Livewell Kershaw coalition held a meeting with City of Camden government officials and Health Services district employees. A total of 15 individuals were gathered at this meeting. The goal was to create a Community Health Improvement Plan for getting adequate and quality care to the rural residents of Kershaw County. When the topic of trust came up in the conversation, I began to explain the importance of trust, and the lack thereof with community members. If community members have a sense of distrust, your efforts are null and void. Your countless hours of planning and organization have been wasted. PLE need to feel involved in the decision-making process, and most of all they need to KNOW they can trust that you will not fail them as other systems have. Basically other topics overshadowed my trust explanation. Again, I spoke up. At that time, I had a PLE with me who had recently relocated from Egypt. Due to her English being inadequate, I shared her story of inequity. Some in attendance continued to boldly express their feeling that trust should be a sub-topic. I HELD THE TENSION as a Clemson Scholar agreed to disown trust. As my soft voice turned into a position of firmness, I looked to the organizers and gave examples of the homeless and less fortunate in our city who have been neglected and devalued. I reminded them of our mission to serve the whole person. At that moment, the facilitator removed the sub-topic of trust and it became a priority.



Tools for Action: [Habits of the Heart](#), [Community Health Improvement Plan](#)

DOWNTOWN WOMEN'S CENTER**INVESTMENT IN RELATIONSHIP BUILDING RESULTS IN BETTER-INFORMED SYSTEM SOLUTIONS****Amy Turk****Teachable Moment**

When Downtown Women's Center first started our SCALE journey, three Community Champions joined the work. Pre-relationship building was a crucial stepping stone to ensure that the women remained involved despite some challenging life situations, and it built the foundation for mutual respect among all the partners involved in our health improvement work. Pre-relationship building included meetings and touchpoints outside of the formal monthly community meetings to review content and discuss any areas that needed further clarification. During this phase we also put our focus more on Leading from Within techniques than Leading from Outcomes techniques, so that we all could build a trusting foundation.

To facilitate this stage, we reflected on poems and quotes to help us all think more deeply about the work and get to know each other better. With more time to build relationships, we were able to turn to meaningful and deeper work in anti-racism and areas of implicit bias. This foundational work was especially important, as all three Community Champions encountered unexpected life circumstances through the process. One had heart surgery, one had a baby while navigating housing instability, and one needed to relocate to new affordable housing due to unsafe conditions in her apartment. These circumstances required flexibility and additional support from staff members to ensure that the voices of the Community Champions were sustained in ways that also responded to their time constraints and other life realities.

Everyone appreciated how resilient they were to be able to stay engaged in the work together despite significant challenges. Because of the safety that was created in the coalition, they were able to share their experiences and challenges with navigating large systems of care, including health care, housing, and child care. In real time, we were all witness to how systems ostensibly set up to help people actually caused harm and unnecessary challenges.

These real-time experiences allowed us to co-create solutions together. For example, we learned from one Community Champion how helpful it was to have her mental health care provider meet with her directly after her primary care physician appointment. Because she shared this positive experience, Downtown Women's Center implemented the same practice in our on-site health clinic. The time invested in this pre-relationship stage helped ensure that the women felt comfortable attending to their external circumstances while also having a touchpoint into the system-change work. They utilized their personal experience to be able to communicate systemic solutions and work together to implement change.

FAILING FORWARD CONCEPT**Shemekka Ebony Coleman****100 Million Healthier Lives**

“Failing Forward” is the concept that mistakes are not only inevitable in improvement projects, but often should be viewed as critical opportunities for learning and strengthening the improvement process. The concept embraces the belief that teams that fail forward and recognize it can learn faster, reach higher levels of performance, and create a safe environment for a wide variety of ideas, including innovative, high-risk/high-gain ones.

When building relationships with communities, there will be moments of failing forward. These are situations when we don’t get it right, we mess up, and do things wrong while learning. “Failing: first attempt in learning,” as we affectionately call it, leads to learning how to do better. The 100MLives community has been a great example of community organizations pursuing learning to improve from fail-forward moments. When we fall short, we should still fall forward; getting us closer to our shared goals. When creating safe spaces for community members to share and try new ideas, there will be times when you don’t get it perfect. It’s OK, be brave, fail forward often and fast, and most importantly try again.



Tools for action: [I Am Brilliant Engagement Strategy](#), [Healthy Waterville Maine's Leading with Community of Solutions framework](#)

Synthesis Report & Engagement Toolkit Testimony

Will Douglas**Tenderloin Health Improvement Partnership**

The following interview is a Q&A with a leader in a SCALE community. This reflective interview was initiated by the People with Lived Experience group to ask about this SCALE community member’s awareness and use of the community engagement toolkit introduced in 2017.

Q: Have you reviewed the Engagement synthesis report or Engagement toolkit?

A: I have reviewed them both!

Q: Have you found them useful?

A: I have found both of the tools useful. They’ve helped me feel more confident in my own ability to partner and work with individuals with lived experience, because I see that it comes down to communication and trust.

Q: In what ways have you applied them?

A: They both have provided me with useful documentation to share with our partners and others who work with lived experience so that we are all using best practices and learning together. I also have worked to facilitate the same skill building in other organizations and use these practices as recommendations. I try and model that for others too in order to dispel the mystery of what it boils down to. And I also try and uplift and showcase examples of others in our community who do it well, to have them shine as teachers for others.

Q: Have you experienced any obstacles in using the resources, and if so, what are they?

A: At times I have forgotten about where they are, and so they might have been more useful but if I didn't share them or pull them up, we might not have thought to use them. I also think that a lot of the skills need to be practiced over time. Clear communication, being able to meet on nights and weekends.

Also, in our community there are a lot of linguistic barriers. There are many large proportions of individuals who speak languages other than English. There are challenges specific to engaging individuals with lived experience in those situations too.

Also, a big hurdle is the reporting requirements that required extensive reading and/or writing, particularly online or computer-based, and part of co-design means co-reporting so it's not just one person's voice or perspective. That part was challenging for me. But interviews and one-on-one meetings helped. And I would take lots of notes to be able and go back and hear their perspective clearly.



Tools for Action: [Healthy Waterville, Maine's Engaging People with Lived Experience Journey](#)

Measurement

The People with Lived Experience team has developed a pre-relationship building assessment and resources guide that was informed by listening sessions, workgroup meetings, and sharing of lived experiences. From these sessions, several recurring themes arose in terms of needs at the pre-relationship building stage. The themes that arose were in the areas of developing an assessment to deepen our understanding of lived experience, process, co-design, co-leading, resources, voice, and value at the pre-relationship building stage. Partners also agreed that navigational guidance on existing and new resources and facilitative guidance from the PLE team would be helpful at the onset of the process. As a result, we created this guide to enable communities, organizations, and individuals to assess where they are in the areas of voice, engaging individuals with lived experience, value, resources, co-design and process. This guide will be published in the fall of 2019.



Tools for Action: Rumala, B.B., Coleman, S.E., Roary, Y., Canedy C., Turk, A., Knuckles, D., Glaze, E., FallCreek, S. Pre-relationship to Relationship Building Assessment Tool and Resource Guide. Cambridge, Massachusetts: Institute for Healthcare Improvement; Fall 2019.

Key Steps for Implementation

From listening sessions with the PLE team and external facilitators,, partners have determined that meeting navigational guidance needs will be key to moving the work forward. Therefore, both existing and proposed new resources are included as part of the pre-relationship assessment tool based types of need. Areas of potential navigational guidance are highlighted in the pre-relationship assessment tool.

Glossary

Words and concepts can have many different meanings to different people. To be clear about some of the words and concepts used in this guide, and recognizing that individuals may represent their community, an organization, or institution a brief guide is included to some of the key words and concepts that are used.

See additional definitions [here](#). This will help define words and explanation of our concepts published synthesis report.

Word or Phrase	Definition
Assessment	A tool used to identify specific opportunities for a person/community/organization.
Brightspot	A set of activities, an intervention, or a program that a community is working on to improve health, well-being, and equity. It is scalable and shows evidence of the impact of the work on the population or subpopulation in the community.
Case study	A process or record of research in which detailed consideration is given to the development of a particular person, group, or situation over a period of time.
Co-design	Co-design is the process of engaging community members directly in identifying and planning changes that are needed in their community to achieve health, well-being, and equity. Co-production is the process by which community members directly carry out the changes created during the co-design.
Co-leadership	Leadership shared among group members. Roles, responsibilities, and participation are shared among leaders based on strengths and gifts.
Community Institution	Institution working to improve health and wellbeing, lead complex change, and improve health equity in their community.

Community Leader	A community leader (also sometimes known as an Institutional Leader or Systems Leader) guides and organizes people, resources, and processes within a community to improve health, well-being, and equity. A community leader may be an elected or appointed governmental or agency official or someone who has been elected to a leadership position within a partnership or coalition or within their organization or community group.
Community Members with Lived Experience	Someone who has lived (or is currently living) with the issues the community is focusing on and who may have insight to offer about the system as it is experienced by consumers (e.g., a woman who was formerly or is currently experiencing homelessness who can offer insight into that experience).
Community Organization	Organization working to improve health and wellbeing, lead complex change, and improve health equity in their community.
Community of Solutions (COS)	Community of Solutions(COS) is a framework that supports communities in cultivating behaviors, processes, and systems that, over time, results in a Culture of Health and sustainable improvements in health, well-being, and equity. The community of solutions skills include leading from within (LW), Leading Together (LT), Leading for Outcomes (LO), Leading for Sustainability (LS) and Leading for Equity (LE).
Engagement	The process of establishing communication between organization/institution and target community
Equity	Conditions in which all people have the opportunity to attain their highest possible level of health and well-being, without barriers that prevent them from doing so.
Failing Forward	The notion that mistakes are not only to be accepted as an occasional occurrence in improvement projects, but should be viewed as critical parts of the learning and improvement process. It embraces the belief that teams that fail forward quickly learn faster, reach higher levels of performance, and create a safe environment for a wide variety of ideas to be suggested and tried.
Implementation Guide	A guide providing process and best practices toward implementing improvement.
Listening Sessions	A method of gathering information by asking a series of open honest questions with follow up questions asked for further clarity.
Lived Experience	<ul style="list-style-type: none"> - Expertise that doesn't come from training or formal education. - Knowledge from an experience in a person's past or present with an issue or challenge. - People with lived experience know a system, process or issue from the perspective of those affected, or trying to engage with a resource. - They know what works, what doesn't work, and what

	resources (formal or informal) are available. - They know what's needed to make things better.
Live Stories	U.S.-based company that provides an integrated civic data hub. Local health departments, school districts, businesses, and governments throughout the United States and around the world use this tool to discover, analyze, and publish civic data.
Relationship Building	The process of connecting with community individuals with lived experience and organizations.
SCALE 1.0	Spreading Community Accelerators through Learning and Evaluation (SCALE) 1.0 was a 20-month intensive "learning and doing" program made possible by the generous support of the Robert Wood Johnson Foundation. It was designed to assist communities to achieve unprecedented results in improving the health and well-being of people, populations, and the community at large. SCALE 1.0 was the first time this program was funded (SCALE 2.0, also supported by the Robert Wood Johnson Foundation, began in May 2017). SCALE supports communities in their efforts to address factors that contribute to health, to lead complex change, and to advance equity.
SCALE Communities	The communities participating in the SCALE Initiative. In SCALE 1.0, there were 24 SCALE communities. In SCALE 2.0, they are the 18 communities that are continuing their journey as part of Regions of Solutions

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SCALE Communities

Buckeye HEAL: Cleveland, Ohio

Downtown Women's Center: Los Angeles, California

Ethnic Community-based Organization for Refugees: Salt Lake City, Utah

Healthy Livable Communities Consortium of Cattaraugus County: Salamanca, New York

Healthy in the Hills: Williamson, West Virginia

Healthy Monadnock: Keene, New Hampshire

Healthy Waterville: Waterville, Maine

Health Improvement Partnership of Maricopa County: Phoenix, Arizona

Healthier Laramie County: Cheyenne, Wyoming

Proviso Partners for Health: Chicago, Illinois

San Gabriel Valley Healthy Cities Collaborative: Los Angeles, California

Southeast Raleigh YMCA: Raleigh, North Carolina

Summit County: Akron, Ohio

Tenderloin Health Improvement Partnership: San Francisco, California

Vital Village Network: Boston, Massachusetts

Wellness Now: Oklahoma City, Oklahoma