

WA DOH Community Collaborative Session Summary

January 17, 2024 | 3:30 pm – 5:00 pm PT

Action Steps

- A synthesis of what was heard from the collaborative during the mural session will be created and shared back with the group

Full Meeting Notes

Welcome and Introduction

Mulki Mohamed, Community Collaborative Thought Partner and Facilitator of the Session, welcomed Community Collaborative members to the meeting.

Meeting attendees introduced themselves in the Chat.

Mulki stated that the meeting was being recorded for accuracy and to make the meeting discussion available for Community Collaborative members who were absent from the meeting, and that the recording could be stopped at any time during the meeting per the Collaborative's preference. She noted that the Collaborative members' comfort and privacy are their main concerns, and that they strive to maintain a safe space for all community voices.

Accessibility & Zoom Navigation

Tom Dineen, Kauffman and Associates Inc (KAI) Tech Facilitator, reviewed Zoom features and explained how to seek tech/language assistance during the meeting.

Along with English, the following language interpretations and accessibilities were provided throughout the meeting:

- American Sign Language
- Chinese (Mandarin)
- Closed Captioning
- Korean
- Portuguese
- Russian
- Spanish
- Swahili
- Vietnamese

Land and Labor Acknowledgement and Review of Agenda

Mulki read the Land & Labor Acknowledgement (see presentation slides for details), and introduced Melissa West, the new Equity and Social Justice Strategist with Washington State

Department of Health (DOH), who will lead the Community Collaborative and work with all Community Collaborative members and other DOH team members.

Mulki then reviewed the meeting agenda.

A Conversation with Dr. Umair Shah, Secretary of Health, Washington State Department of Health

Mulki introduced Dr. Shah. Dr. Shah has a long history in the public health field, including more than 20 years as an emergency department physician and serving in different public health positions. Dr. Shah was appointed the Secretary of Health for the State of Washington amid the COVID-19 pandemic. Over his career, Dr. Shah has been a clinician, innovator, educator, and leader in health. He has been a champion for the underserved communities at the intersection of health and health care, while charting a fresh course in health by centering on the cornerstone value of equity, innovation, and engagement. For more information about Dr. Shah, please visit [Secretary of Health | Washington State Department of Health](#).

Overview of Partnership in 2024

Dr. Shah expressed excitement about joining the Community Collaborative Session and the opportunity to continue to advance the work that everyone is interested in. He noted that together we have taken many steps and there are many more many steps to take. In 2024, DOH is looking forward to continuing the work that the Collaborative has helped DOH with during the pandemic, for which the Collaborative was initially established. DOH welcomes those who have been along the journey and those who are new to work together.

Dr. Shah explained that DOH continues to focus on many activities. He highlighted two focuses. One is that we are in the middle of the Legislative Session, and there are multiple proposals that DOH is watching, monitoring, and responding to. Another focus that DOH is part of and monitoring is that 2024 is the final year of Governor Inslee's administration. Governor Inslee made clear that he wants to ensure that we can continue to advance the well-being and the work that we are interested in. He shared that the Governor's priorities for this Legislative Session include behavioral health and opioids, environmental health and climate change, housing and homelessness, education, and economy and economic empowerment for all Washingtonians. Dr. Shah noted that all 5 priority areas fit nicely as a health agenda because they all have a health component and that DOH continues to work with Governor Inslee and his team on these priorities.

Dr. Shah noted that there is a lot of important work that all of us are engaged in, and that we must continue the work together. He explained that we are still recovering from the COVID-19 pandemic, which has impacted everyone but many in an accentuated way. He noted that the pandemic has impacted communities and that the response to the pandemic has its own impact as well. He stated that DOH wants to ensure that we continue to recover from COVID-19 and work closely with all Collaborative members as we do the work.



Dr. Shah further explained that the State of Washington has continued to advance equity with an Office of Equity at the Governor’s level and in each agency including DOH. Dr. Shah praised the work that the DOH’s Equity team has done internally and externally, including the HEAL Act, which was passed in 2021 and is looking at policy efforts for the environment to ensure environmental justice. He noted that we want to ensure that we continue to uphold the principles of equity for that work.

Dr. Shah stated that there are many health issues, some are related to behavioral health, some are related to opioids and the Fentanyl crisis, some are about infectious diseases, and some are about chronic diseases, diabetes, high blood pressure, and cancer. He noted that there are also many environmental challenges and emergencies such as the cold weather for which we have seen a lot of challenges for communities. He added that we also recognize there are additional challenges around reproductive health and democracy. He reminded everyone that as we continue to work on these issues, it is important for us to work in a collaborative way. He stated that the only way we will be able to advance the health and well-being of all members of all communities across the State, our country, and the globe is if we commit to working together. He noted that DOH is committed to working with communities and continuing to support the work of the Collaborative.

Q&A

Following the overview, Dr. Shah answered questions from Collaborative members. Questions from members and responses from Dr. Shah are summarized below.

Question 1: Todd Holloway asked in the Chat: With many public health emergencies occurring simultaneously with natural and man-made disasters, how can we better plan for the “Whole Community”?

Response: We do have many urgent issues. Some of them are emergencies that are natural, some of them are acts of intent, and some are self-created. I think one approach is about prioritizing and the other one is resilience and building the capacity for communities to be able to withstand the myriad of urgent issues that are on top of other concerns (e.g., access to health care, educational opportunities, transportation challenges, housing, and economic empowerment). There is so much that gets embedded in the response. It is easy to say that one county, one community, one state, or one region was impacted by an emergency; however, people and communities within the larger community experienced an accentuated impact from that emergency. One of the biggest issues is to continue to build the capacity to both respond and to build capacity and resilience within communities. If we just think of an emergency as a one-and-done event, we’ve missed the message. It takes years to build community capacity, which can be brought to the table in a very quick moment. If we do not do it well, we can lose that capacity. But if we do this sustained work over time and build real partnerships at the community level, we have the best opportunity. It is not perfect but it is the best opportunity to move the work forward. It is prioritizing and recognizing that every emergency has its own specific nuances but also recognizing that building capacity and resilience is a multi-fold approach that takes real effort that all of us need to and must put in to be successful.



Question 2/Comment: Walt Bowen, President of the Washington State Senior Citizens Lobby, on behalf of all the seniors thanked DOH and Dr. Shah for their work, for forming the Collaborative, and for helping seniors get through the COVID-19 pandemic. He shared that through the pandemic, they come to appreciate that public health is part of health care. He expressed that they look forward to working with DOH and Dr. Shah in the future to help promote public health across the State.

Response: Dr. Shah thanked Walt Bowen for his comment. He noted that seniors and elders are an important part of the work that DOH does and that was highlighted during the COVID-19 pandemic. He stated that in all DOH's activities, there is a component of work that is related to both seniors and elders in the community, who provide collective wisdom. He noted that DOH stands ready to continue to work with you and others because we cannot be successful as a public health agency unless we have true engagement with all sectors in our communities. Dr. Shah stated that the gratitude you give to me is really gratitude that goes to the DOH teams. He noted that the teams at DOH have done amazing work throughout the pandemic. From identifying the first case of COVID-19, to testing, vaccines, surveillance, communications, and community engagement activities, they had to do all together; and they work days, nights, weekends, and holidays. Dr. Shah noted that the DOH teams have given so much and continue to give so much of themselves and that they are true public servants. He commented that the work of public health unfortunately has not been appreciated enough and not invested in enough. Dr. Shah thanked Walt for his comments and gratitude and noted that he will take it back to the DOH teams.

Question 3: Michael Bailey, who works with the Compass Housing Alliance (a nonprofit organization that builds and operates permanent supportive housing and shelters for those experiencing homelessness) and is on the Washington Medical Commission, expressed appreciation for collaboration. He stated that his question to Dr. Shah is more of an invitation: How can housing CBOs support you and others at the State level with advancing public health or reducing health disparities? We'd love to get your thoughts on the nexus between health and housing.

Response: Dr. Shah thanked Michael Bailey for all he does. He expressed appreciation for the question and more importantly the continued offer of partnership. He noted that when we look at the Governor's priorities and the Legislature, it is all about the nexus, about health and wellbeing and safety and security that comes with stable housing, which all work together. He noted that when we say something is a determinant of health, it means that we have a responsibility to not just talk about it but to do something about it. He noted that the offer of partnership is critical because there are reaches that you have that DOH does not have, and the trust that you have with the people you serve, DOH either does not have or is very early in the process or at a very high level. He stated that what he would say is two-fold: to be active in the political process and to be able to advocate for health and wellbeing in the interconnection of housing with health and wellbeing and also with the community itself to ensure that we continue to work together because health and housing and other social elements are critical to



the road ahead. He stated that DOH cannot do it alone, and that our team will work with you and others to continue to remind ourselves of how interconnected all these social elements are (e.g., housing, education, transportation). He noted that many elements of social determinants of health are about social determinants of housing, and that we need to talk about it through a holistic lens. He appreciated the offer again and reiterated that there is so much that we can work together on.

Question 4: Cyril Walrond, Pro-equity Anti-racist Justice Director for the Black Prisoners' Caucus Community Group and the Outreach and Advocacy Manager for RECLAIM, expressed that he liked the concept of social determinants that Dr. Shah highlighted. He commented that there are many social determinants affecting people in the Carceral System. He asked what are the ways that Dr. Shah is planning to do more to prioritize and center the health equity concern of those who are currently incarcerated and what are some of the steps forward. He commented that if we are not talking about those who are still not able to have equitable access to health care inside the Carceral System and if it is not a priority of DOH, then we cannot say that health care for all is a priority at all.

Response: Dr. Shah acknowledged that it is a long and complex question and will need an even longer and more complicated answer. He highlighted a couple of things that might help. He stated that we absolutely must think about health for all, regardless of location, status, place, and space. He stated that regardless of all of that, we must think about all the people that are engaged. Ultimately, it must be a people-centered approach that cannot be about labeling or otherism. As an emergency department physician with 20 years of medical experience through the VA Hospital System, Dr. Shah shared that many veterans he came across over the years were previously incarcerated or had just been released or unknowingly might just be on the cusp of going back into an incarcerated setting. He noted that it was clear to him that it was not just about health or health care, it was about a holistic approach to the human being, to the person in front of us. He noted that it is the approach that we need to continue to take and DOH has a role in that. He explained that DOH also has a role in working with those agencies that are involved in this (the Department of Corrections) and other agencies engaging in this work that is beyond one agency. He noted that we cannot think about this issue from a siloed approach and that it should be about navigating across all those silos so that we have a truly comprehensive, holistic view of persons, families, neighborhoods, and communities. He emphasized the critical importance of the Community Collaborative and hearing from people with lived experience. He noted that we must continue to have spaces for Community Collaborative members to share and help DOH. He stated that we do not have it perfect, we do not have it right, and we are going to make mistake, but the only way we are going to be able to learn and move forward is to work together and have spaces where we are willing and able to have the tough conversations and to reach common solutions.

Throughout the Q&A session, Community Collaborative members expressed gratitude for Dr. Shah's work and for joining today's session, and they expressed that they look forward to more discussions with Dr. Shah throughout the year.



Relations Briefing: Community-Driven Outreach Briefing-Centro Cultural Mexicano

Barrie Silva and Shahbaz Yusuf, Project Managers at Centro Cultural Mexicano (CCM), provided an overview of their organization and highlighted the Tu Salud Es Tu Poder Campaign. Below is a summary of the presentation. For more details, please review the presentation slides.

- **Organization overview:** CCM provides direct services for the Latino community. Its focuses are on small business support, education support, youth and family engagement, advocacy, and basic needs. All services are free, bilingual, and through the lens of arts and culture.
- **Tu Salud Es Tu Poder Campaign:** CCM is working on a Community-driven Outreach Program through a partnership with DOH. The goal is to serve the Latino Community by providing health information and resources, particularly around COVID, in a culturally and linguistically appropriated way to increase vaccine access and ultimately to ensure that the community has the information resources needed to make an informed decision about their health.
 - **Radio:** One of the platforms is the radio show (Radio Ya Es Tiempo), which is live every Thursday and Friday at 9 am-10 am and has dedicated time for conversation with the UW Latino Center for Health founders Dr. Leo Morales and Dr. Gino Aisenbert.
 - **Events:** Another way to get messages out is through CCM's events, which are a great way to connect with the community. CCM also hosts health-specific events where they provide health information. In 2023, they provided bilingual health information to more than 30,000 community members, gave more than 230 vaccinations, and completed more than 500 health surveys. Additionally, CCM hosted Care-A-Van events, and more events are coming up in 2024.
 - **Printed materials:** As part of the outreach effort, CCM also provides bilingual, culturally relevant printed materials, which cover a variety of topics including DOH-approved health information. The printed materials (e.g., posters and postcards) include QR codes that link to the health page and other corresponding pages on CCM's website.
 - **Website:** One of the main goals of the campaign is to drive people to CCM's website. To do so, they include QR codes in all printed materials. On the landing page of the website, there is a popup directing people to the health directory. Other icons also lead people to up-to-date DOH-approved information and resources.
 - **Partners:** One of the CCM's partners (Intersection Media) helps CCM reach out to the communities that rely on public transit by promoting on the transit using eye-catching external assets and QR codes visible to bystanders and drivers. CCM also works with Lamar Transit to reach rural populations and support their partner organizations. The feedback they have received suggests that the transit advertising has a broad appeal to Latino communities despite their national origins.

- **Breaking barriers:** CCM is breaking barriers in various ways including conducting in-person outreach at the Seattle Seahawks games and bringing bilingual health messaging to their communities on a grand scale. They also partner with the Seattle Mariners to provide a bilingual campaign, which has generated estimated more than 534,200 in-stadium impressions and over 5.5 million TV impressions.

In summary, through the campaign and with DOH's support, CCM has served more than 40,000 community members and generated millions of at-home and TV impressions and is reaching more than 70,000 radio listeners per week. CCM plans to do more this year. Through the Spot the Bust Interactive Campaign, they plan to interactively engage with the community. They also plan to develop and disseminate bilingual monthly health messaging newsletter to encourage interactive engagement.

To learn more about Centro Cultural Mexicano and the campaign, visit www.centroculturalmexicano.org/tu-salud-es-tu-poder.

For more information, contact Barrie Silva at barrie@centroculturalmexicano.org, and Shahbaz Yusuf at shahbaz@centroculturalmexicano.org.

Discussion

Melissa thanked Barrie and Shahbaz for the presentation. She explained that CCM represents one of the DOH's partners in the Community-Driven Outreach Initiative and that in the next few months, the Collaborative will be hearing from several of the 10 community-based organizations and 4 Urban Indian/Tribal-related organizations that are part of a funded partnership with DOH to ensure equitable access to COVID-19 resources, vaccines, and information while addressing some of the drivers of health inequities. Some of the organizations shared feedback with the Collaborative in June 2023, and they are now back to provide a closer look at their projects and community needs. For more information about the Community-Driven Outreach Initiative, visit <https://waportal.org/partners/community-driven-outreach-initiative>.

During the presentation, Collaborative members asked questions and Shahbaz Yusuf responded in the Chat.

Question 1: Is there a separate streaming channel (other than Facebook) to listen to your show beyond W WA?

Response: Facebook is currently the only channel, but we are planning to expand to YouTube or other platforms!

Question 2: Do you have material for STIs?

Response: This is planned for our upcoming second round of information postcards and topics coming in February.



Question 3: What social media channels do you see are most effective with the Latinx population? Also curious how you are engaging with teen, youth, and young adults?

Response: Direct outreach in school districts. We connect with our community via Facebook and Instagram as well as our website.

Question 4: How do you arrive at those estimated impressions to measure your reach?

Response: These estimates were provided by our media partners.

Multiple Collaborative members expressed support and appreciation for CCM's work. Detailed comments include:

- "I work with the Care-A-Van and your clinics are awesome and our staff love coming to your location."
- "It's wonderful that you go to great lengths to meet the community where they are. I especially love that you make sure that your website is mobile-friendly since so many [people] access your org[anization] through your online platform."

Community Collaborative Partnership Check-In

Melissa stated that the Community Collaborative ensures that an equity and social justice lens is applied in DOH's planning and decision-making opportunities related to the recovery efforts beyond its vaccine equity body of work. She explained that the Community Collaborative is a central pillar in DOH's ongoing work to prioritize and center communities most impacted by health inequities. While the Collaborative was designed with an initial focus on vaccine equity and was primarily a vehicle to inform, consult, and involve the community around COVID-19, it is an evolving Collaborative that will help DOH truly ensure that an equity and social justice lens is applied in DOH's planning and decision opportunities. She explained that this will take time and that the DOH itself is going through an evolution as it transitions to a post-pandemic, more equity-focused organization.

Melissa explained that in September 2023, DOH began soliciting the Community Collaborative's input on the implementation of the Transformational Plan, which reenergizes DOH's commitment to an equitable long-term COVID recovery and resilience for all Washington communities and will help DOH move from a transactional health approach to a transformational health approach.

Melissa explained that DOH has learned a lot from the Community Collaborative in the past few years and that in the Transformational Plan, DOH has made a commitment to be community-centered with humility and collaborative in DOH's engagements. She noted that DOH centers the community by engaging the community first; listening and seeking partnership to identify priorities, find root causes, and identify solutions; co-developing strategies and evaluation; following the community's lead and align efforts to create collective action; and honoring their priorities, assets, and promising practices.



Melissa explained that when DOH asked the Community Collaborative to reflect on the three cornerstone values of equity, innovation, and engagement, many of the comments centered around engagement. Melissa shared samples of the community's feedback. For example, "Engagement is a process and commitment, and it is often used loosely. As a cornerstone value, it is nothing to disagree with, but it is important to remember that engagement is a commitment. Building trust is very important and working with community-based organizations is important. DOH needs a clear understanding in their role in the long-term commitment of engagement."

Melissa further explained that during the September discussion, the DOH team asked a question about prioritizing actions to improve health for all Washingtonians. Many people did not have time to answer this question due to time constraints. However, many answers focused on building trust, addressing racism, and improving communication channels. She explained that DOH is working on all those areas and wants to hear from the Collaborative and have the Collaborative provide guidance, both for 1) the Community Collaborative to work with DOH in driving forward on actions that can help DOH center equity and improve health in all the communities and 2) what actions DOH can take. She explained that this is what the breakout group discussion will be about.

Nilofer Ahsan from KAI added that DOH cannot collaborate and create the connected system that Dr. Shah described without hearing from the Community Collaborative, and that DOH has been trying to construct a process that would provide an opportunity to hear from the Collaborative in many ways, starting with today's brainstorming session in breakout group discussions. She explained that the DOH team, along with the KAI team, will use what Community Collaborative members provide today to survey the entire Collaborative to identify priorities, and then use focus groups to contextualize how to accomplish those priorities. She noted that the Community Collaborative can then use that information for ongoing planning. Nilofer explained that during the breakout room discussion, Collaborative members will be asked the question again with an emphasis on the actions that Collaborative members would prioritize to improve health and advance equity in your community.

Breakout Room Discussion

Question: What actions would you prioritize to improve health and advance equity in your community?

- Which actions can the Community Collaborative take?
- Which Actions can DOH take?
- Which actions can both take?

With support from DOH staff and the KAI team, Collaborative members shared thoughts and added topics on the Mural board in small groups. After the breakout room discussion, the facilitators leading the breakout groups reported out the top topics generated from their discussions, including the following:

- Use trusted messengers with different backgrounds to reach diverse communities



- Clear communication (i.e., use native, culturally appropriate, succinct yet effective language/message to reach out to communities)
- Use radio stations to reach out to local communities.
- Prioritize people with chronic conditions; reach out to them in facilities where they can perform physical activities that they used to do in their country of origin (e.g., dancing)
- Provide access to affordable housing
- Increase access to SUD/OD treatment and naloxone
- Empower leaders of minority communities
- Continue to explore the root causes and intersectionality of issues
- Community Collaborative could take action by listening as well as supporting the work of organizations on the ground to improve and advance equity
 - Regarding Community conversations (focus groups and interviews), it is important to listen first to understand what community members need.
- Community Collaborative should put less emphasis on branding when sharing public health information with the community
- DOH should provide continuous funding for equity-based positions/tasks (not just project duration)
- DOH should support the CHWs and their roles
- Both DOH and Community Collaborative should provide more direction on Community Collaborative's role and sustainability
- Both DOH and Community Collaborative should provide more data to help eliminate health disparities among BIPOC/NHPI and rural communities
- Remove the competitive nature of grant funding (Collaborative members noted that they cannot collaborate if they are competing for grants)
- Ensure representation from all geographics across the State
- Improve language access (e.g., Nahuati, Zapoteco, Swahili, and other immigrant populations with limited access)
- Provide stipends for participation. It was expressed that "We cannot continue to extract community members without compensating them for their time and provide timely compensation for all DOH responsibility."
- A DOH staff member emphasized the importance of convening advisory boards, councils, and committees on health equity work with members of the community. The member expressed hope that DOH could nudge local health department in the proper direction.
- Need clinical providers for undocumented communities
- "COVID distrusted their lives, and many are still suffering especially African immigrants"
- "Affordable resources to use the language people use"

Comments

A Collaborative member suggested in the Chat: Before these meetings, could we have these types of questions in advance to give more thoughtful responses?

Melissa agreed with the idea.



Closing and Next Steps

Mulki thanked everyone for attending the Session. She noted that all information will be shared with Community Collaborative members through the WA Portal, and that the DOH/KAI team will send a link to meeting notes to all meeting attendees.

Next Community Collaborative Session: February 21, 2024

Community Collaborative Contact Information:

For more questions, comments, or considerations, please contact Community Collaborative at community.collaborative@doh.wa.gov.

For additional contact:

- Juliet Kwakye, Health Equity Communications Outreach Coordinator at Juliet.Kwakye@doh.wa.gov
- Frances Limtiaco, Community Investments and Engagement Manager at Frances.Limtiaco@doh.wa.gov
- Melissa West, Equity and Social Justice Strategist, at Melissa.West@doh.wa.gov

Please visit [DOH Community Collaborative](#) site to access dates, previous meeting notes, presentations, and other meeting materials.

- To access previous meeting notes, select the Meetings tab on the main page. Meeting notes will be posted on the [WA Portal](#) within two weeks after the Community Collaborative Session.

Adjournment

The meeting was adjourned at 5:00 pm.