Community Co-Design part 3

An approach to equitable community engagement and action

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agenda

Welcome & Context Setting

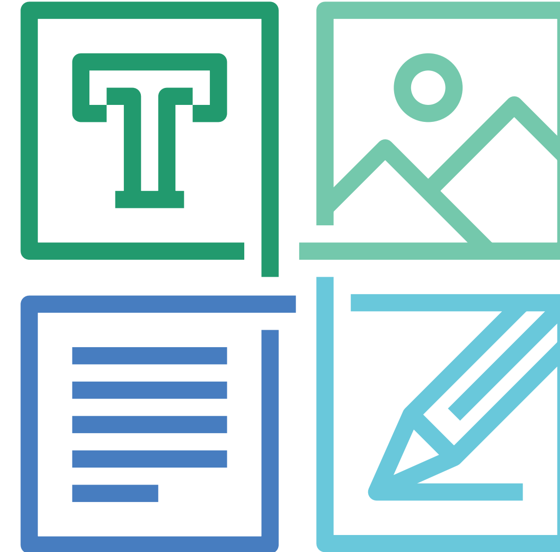
Co-Design Review

Individual Report out

Discussion & Application of Insights

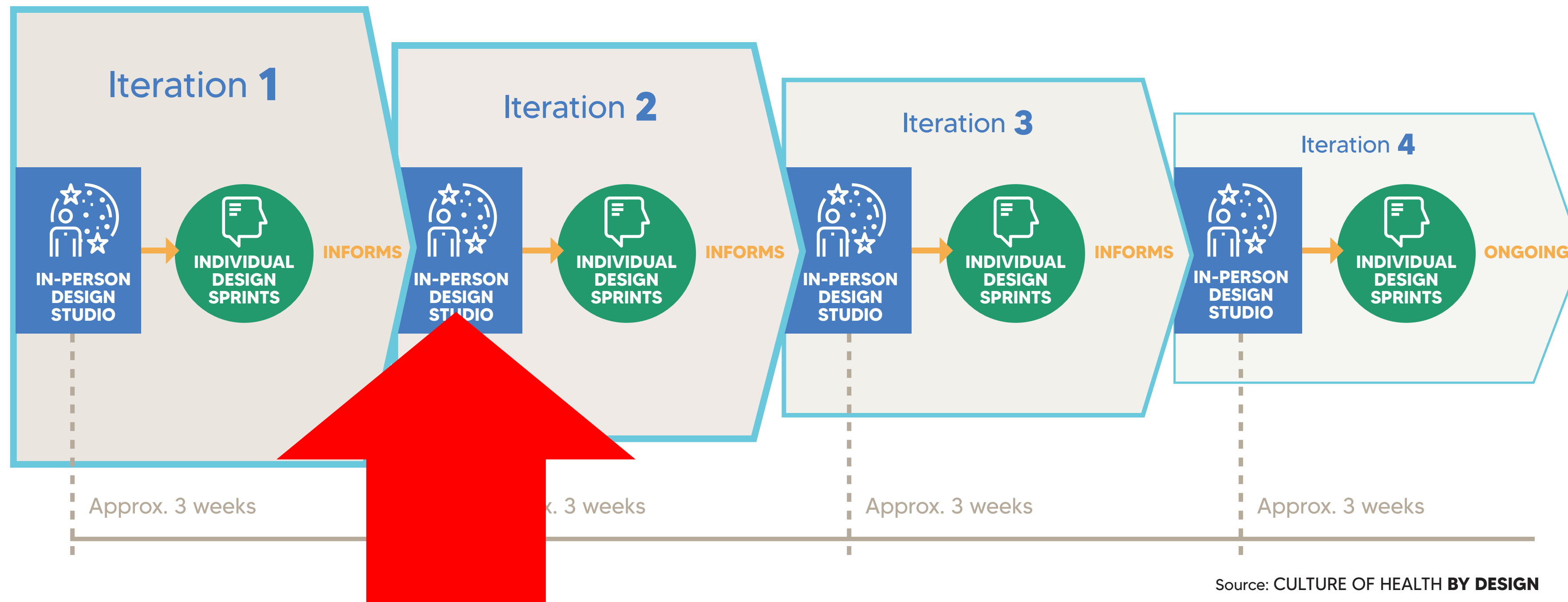
Closing

ITERATIVE STRUCTURE



The iterative structure for co-design allows for longitudinal and in-depth engagement with community stakeholders which allows for the emergence of insights that would be inaccessible through other methods, regardless of investment of resources or time. This structure is rigorous enough to move the work forward while being open enough to allow for unexpected insights to emerge which is critically important when looking for co-designer's experiences to drive the process.

Each iteration informs the focus and scope of the next (following co-designer's lead), but there are general priorities that should be covered in each iteration. This guide outlines a general co-design sequence, but this process and number of iterations will depend the project scope, objectives, and timeline.



Source: CULTURE OF HEALTH **BY DESIGN**

Key Insights

Key Insights from the co-design process

The following insights emerged through the lived experiences of those most directly impacted by food (and healthy food) insecurity. These insights were prioritized by the co-designers to help reframe the conversation around assessing and addressing food insecurity through the healthcare system.

- *For those dealing with food insecurity, the healthcare setting does not feel like a safe place to share their challenges accessing food (or other social determinants) especially for those with children.*
- *Given the time constraint of clinic visits and competing priority of topics to cover with physicians, the healthcare system should look for additional access points to connect people with resources and education on healthy eating. Co-designers identified waiting time in clinics and at food shelves as a key possibility space for intervention.*
- *Many felt a fear of judgement based on their responses, recognizing that they (and those in similar circumstances) rarely give accurate or complete responses for fear of information being "on my permanent record."*
- *Many noted a significant disconnect between the lived experiences of physicians or social workers asking questions about food insecurity and their own experiences. Asking the types of questions and in the way they are currently asked can be insensitive and condescending (asking someone to eat healthy when they do not have access to healthy food or have never prepared healthy food is like asking someone to speak a new language).*

Key Insights (cont.)

- *While healthcare tends to see social workers as the connector between healthcare and the community, most recognized that being passed onto a social worker is a red flag, and noted, "don't pass me onto a social worker, I am fearful they are looking for a reason to take my children away."*
- *Many noted that they needed to know why questions were being asked and what would happen with the response before they shared. Almost everyone has had experiences of sharing personal issues with healthcare clinicians only to find that the health system had nothing to help address the issue that they were asking about.*
- *Asking specific questions, such as about financial specifics, highly personal issues, or specifics about family members was a universal red flag for individuals who do not trust institutions such as health systems and food access organizations.*
- *People feel (or have been made to feel) considerable guilt and stigma about needing to ask for help, especially as it relates to food. Many noted things like, "this situation is my fault," or "someone else needs these resources more than I do." Resources where people do not have to position themselves as 'needy' are the most approachable.*
- *Many noted that the referrals from clinicians usually were in the form of generic websites or phone numbers that individuals had to navigate themselves to find the right fit, which was almost always more work than it was worth.*
- *Some noted that the burden of healthcare cost can contribute to food insecurity (the model of healthcare contributing to the problem itself). Having a clinician acknowledge this and proactively work with these barriers would build trust.*

Proposed Values & Guiding Principles

The following guiding principles (in no particular order) are key design criteria that should be used to inform MDHEQ leadership and membership development, political advocacy, and potential for community collaboration and innovations. **The guiding principles have been identified, prioritized, and contextualized through the experiences, hopes, values, and concerns of those most impacted by issues of food insecurity and its health implications.** While each principle was identified for its unique importance, the principles overlap and should be received and implemented as a collective.

1. Empathy through practice

Develop training experiences for healthcare providers/clinicians and leaders to better recognize the complex lived experiences and challenges of their patients who are dealing with food insecurity (and other social determinants).

The most consistent feedback and insights from participants (and their interviewees) is that it is difficult to trust the health system. More specifically, it is difficult to try to work through highly complex and urgent concerns, such as food insecurity, with someone that has a dramatically different lived experience and economic situation than themselves. Many noted clinician experiences where at best, the provider seemed to be going through the motions and at worst, didn't realize the significance of the questions or guidance they were offering.

One of the co-designers mentioned that the most condescending thing they hear when working with the healthcare system is when providers/social workers say, "just call this number," or "just go to this website." **It is obvious to the co-designers that people saying this have never had to try to navigate and advocate for themselves through these resources.**

1. Empathy through practice (cont.)

Additionally, individuals noted that if they were asked about a potential need, such as food/healthy eating, the individual asking the questions must have a meaningful way to respond/support the patient. However, most were able to point to experiences where they shared personal information with a physician, only to be offered an overly generic response that was not helpful. Receiving no personalized care or follow up after revealing personal information is as one co-designer mentioned, “a breach of trust.”

Note
This example is currently being piloted with project co-designers and MDHEQ leadership and members.

Examples shared/discussed include:

- *Build a simulation experience for new healthcare clinicians that demonstrates a “typical” healthcare visit through the eyes, ears, hearts, and stomachs of those disproportionately impacted by food insecurity. This concept would be to create safe experiences where those dealing with food insecurity (and lack of access to other social determinants of health) can describe how they are experiencing a typical clinic visit or ER visit in real-time and then offer opportunities for patients and clinicians to brainstorm how these interactions might be more productive, supportive, and sensitive. These experiences could be part of a health system’s DEI training as a practice-based way to build cultural humility and empathy.*

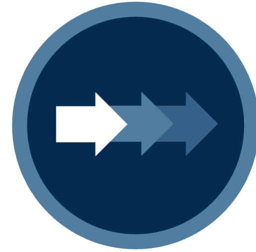
Proposed Values & Guiding Principles
Empathy through practice

1. Empathy through practice (cont.)

Examples shared/discussed include:

- *Develop guidance and “rules of thumb” for providers to help individuals dealing with food insecurity feel more comfortable and empowered to share and address their food access/healthy eating needs. Some of the guidance identified by the co-designers include:*
  - *Be honest and hold productive tensions, most patients do not expect a miracle solution to their complex needs.*
  - *Don’t go through the motions and don’t ask questions you are not ready or do not have the ability to respond to/support.*
  - *Build transparency – why are we asking these questions and what might we be able to do with your responses?*
  - *Don’t attempt to solve everything – attempting to solve complex experiences make patients feel like you are over-simplifying the experience.*
  - *Be proactive in offering support without needing to know all the details (many individuals found overly personal questions and questions about finances as a red flag).*
  - *Discuss the connection between food insecurity/healthy eating and other health issues, including stress, mental health, family health, etc.*
  - *Never mitigate a patient’s experience – a lived experience is someone’s reality even if it does not feel logical or rational to you.*

Equitable Co-Design Principles



Early Involvement

Engaging community stakeholders before ideas, and even the problem, is fully realized is critical to avoid wasting time, resources, and community good will and can expose dangerous assumptions before they become hardwired into solutions.

Curiosity & Humility

No matter how important a problem might seem professionally, you cannot understand it in the same way as someone living it every day. Always seek to gain an understanding of community stakeholder experiences, fears, values, and hopes rather than attempting to fix or discredit those experiences.

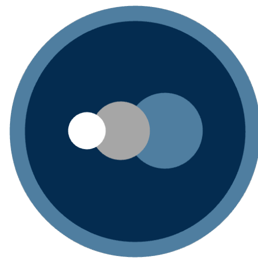
Outside-In-Design

Design around the lived experiences of your stakeholders instead of attempting to “train” or “educate” individuals to the systems that do not currently meet their needs. Instead, ask with whom or where are individuals getting their needs met currently and why?

Equitable Co-Design Principles

Beyond “Usual Suspects”

Do not over-rely on community advisory committees or community listening sessions for your engagement strategies as they tend to attract the “usual suspects” and may not reflect the experiences of those most disproportionately impacted by inequalities. Instead, strategically recruit (through trusted networks) stakeholders that tend to be missed through traditional engagement strategies.



Iterative Structure

Too often, organizations scale concepts without sufficient input and feedback, resulting in ineffective and costly pilots. Taking small and iterative steps to learn your way forward <u>with</u> community stakeholders is the only safe and cost-effective way to explore and address complex and persistent disparities.

CO-DESIGN CONVERSATION & SYNTHESIS GUIDE

The information in this document offers:

1. background on the co-design project
2. purpose and logistics for your conversations
3. **a list of questions to help start and guide your conversations**
4. **guidance for interpreting and synthesizing your conversations to share at our next meeting**

All of this is intended to be a start point, so please use, and adapt as you see fit for your conversations – you know the people you will be talking to and how to talk about these experiences far better than we do!

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1. Background: The following are bullet points about the project to help you share project information with potential interviewees.

- Today, schools are dealing with several complex and dynamic issues affecting students, families, and the broader community. One of the biggest challenges for districts and leaders, is to find ways of better understanding how these challenges are impacting students and families (especially those most disproportionately impacted).
- DPS have identified that the time and structures needed to integrate required stakeholder engagement is missing from our current school improvement processes and team structure.
- The intention of this effort is to codesign family & community engagement efforts that work in concert with continuous improvement timelines and directives across the district.

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2. Purpose and logistics of conversation (be sure to schedule at least 3 conversations before our next session together):

- Utilize your personal and professional relationships to identify a diversity of individuals.
- Reach out to individuals that know and trust you, as this is the most important quality for having a meaningful and in-depth conversation (this is why we are scheduling one-on-one conversations with your friends, neighbors, co-workers, etc.).
- Reach out to participants as soon as possible, as it can take some time to get available time scheduled.
- Make sure you are meeting in ways, at times, and at places (if applicable) that are most convenient to your interviewees.

The following are some talking points to discuss the logistics of your conversation:

Communication to Participant:

- This is intended to be an informal conversation, so while we have some questions, we want to talk about the things that you feel are most important **(this is not a research project).**
- We will not include your name or identification, so all responses will be kept anonymous.
- Conversations will generally last between 30-45 minutes (depending on who you are talking to).

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3. "Conversation Starter" Questions

Use the questions below to start and support your conversations. You do not need to ask every question but try to get to at least 4 of the questions you feel are important to ask.

(ask at least 4 of the following questions in your interviews):

- Describe an experience (doesn't have to be related to the school system) where you felt like your perspectives/opinions were listened to and made a difference? What about the experience made if feel like it was worth your time?
- Describe a time when you felt most supported as a parent/guardian. What specifically about that experience made you feel most supported?
- What would you consider to be the most difficult part of supporting a/your student? Why?
- Who or what do you rely on most for information about your child's school/about the school system generally? Why?
- What, if any, communication from your child's school has been most helpful? Why?
- What information about your child's school (including events, engagement opportunities, funding discussion, etc.) do you find most important? Why?
    - Given what you know now, what about your child's educational experience do you wish you would have known earlier? Why?
- What part of your child's educational experience would you most like to offer your perspectives/opinions on? Why?

Tips for your conversations

- ✓ The intent is to stimulate stories and ideas from the participant, not to get through the list of questions.
- ✓ Probe deeper (tell me more about that, what was that like for you, can you remember a time when…).
- ✓ Do allow for silence. Your participants may need time to think and reflect.
- ✓ Don't suggest answers to your questions. Absorb what participants say and how they say it.
- ✓ Just jot down the most important ideas/comments while talking – you do not need to have a full transcript of the conversation.

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4. Capture & Synthesize

Take notes during your conversations, but do not let it take away from your conversation. You do not need to write down everything you hear, only the things you feel to be most interesting, important, or surprising. Follow your instincts on when to take more detailed notes and when to simply listen.

Synthesize

It's important to review and synthesize your notes/documentation as soon as possible (while it is most fresh). There are no hard and fast guidelines to synthesize your conversations.

After each interview, think about the stories and experiences that stuck out.

- **From your perspective, what would you say were the top 3 "headlines" from your conversations? What themes, insights, or questions do you feel would be most important to share with the group?**

You will be asked to share these take-aways with the group at our next session.

Step 2b: Establish goals – Where do we want to go? How will we know we're there?

In this step the school will guide a review of the needs assessment data with a variety of groups to better understand the needs and root causes, prioritize needs, establish goals, and plan to measure progress for the upcoming school year. Again, it's critical to including multiple perspectives in this step of the planning process.

Family/community input – site council, parent advisory council, parents' association, surveys, etc.
Community and ethnic group organizations and leaders
School Leadership Team – this team should include teachers from all grade levels and subject areas, school leadership and a representation from family/community/students)
Some schools have a school wide team, PLC, or subcommittee that has a specific focus on family engagement

As you create your goals, determine how you will evaluate your progress and how you will determine if you've met your goals. Consider using a variety of ways to measure progress towards family engagement goals. Family participation in events and parent-teacher conferences generally aren't useful indicators of progress toward a family engagement goal. Your measurements should match the goals and strategies.

Family Engagement *outputs* could be – new communication methods, new partnerships, new ongoing meetings/events, new parent education series, etc.
Family Engagement *outcomes* could be – change in participation data by protected student groups, change in (teacher, family, student) perception data, change in adult (teacher or family) behaviors, etc.

Step 3: Select Strategies and Create a Workplan – How will we get there?

Select two or three strategies or ongoing mechanisms to focus on for the 2023-24 school year. You may wish to select strategies from the family engagement rubrics and standards that you've consulted or create unique strategies that emerged during steps one and two. Strategies and mechanisms shouldn't be "random acts of family engagement," professional development, or family events. They should be comprehensive strategies that require several steps, key roles, and meaningful evaluation measures to determine impact and next steps.

Include the following details for each strategy:

- Action steps
- Timeline
- Responsible person(s)
- Evaluation measures (anticipated outputs/outcomes)
- Other – supplies needed, staffing needed, partners, stakeholders, communication plan, etc.

What about this approach could you integrate into your work next week? In one year?

What do you feel will make integrating co-design (next week or in one year) most difficult? Why?