

# HRSA's HV-ImpACT Webinar: Applying a Health Equity Lens to the MIECHV Needs Assessment Update

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>> MS. SWANSON-LUCINSKI: Good afternoon, everyone. We're excited that you're joining HV-ImpACT to look at Health Equity in MIECHV Needs Assessment Efforts. We have an exciting conversation planned for you today and we hope that this will be very useful information to you.

A couple of reminders before we begin. Please make sure that you mute your computer speakers if you are hearing any kind of echo. Use the Technical Support box below the slides if you need to reach out to our support team. You can use the chat feature to the left of the slides to have any questions or comments added. We welcome those as the presenters present information and we'll be sure to share those questions with them. And please know that we are recording this session for later viewing.

We really value your feedback about the webinars that HV-ImpACT does and would like to make sure they're as useful to you as possible. So after the webinar, you will be asked to complete a short evaluation. Please just take a few minutes to fill this out, as we do use it to continually improve the resources that we offer to MIECHV awardees.

My name is Lorraine Swanson-Lucinski. I'm the Project Director of HV-ImpACT. The objectives for today's webinar are really to explore why health equity is vital in our work with MIECHV, examine how to apply this lens during the steps of the MIECHV needs assessment update, and learn from MIECHV's examples of health equity in needs assessment from the Massachusetts awardee.

We have a great list of panel presenters today to share with you information to help us meet our objectives. And so we have -- very quickly, I will do a quick overview and they will provide a little more context about the company or organization that they work with.

So, we have Xuan, from HRSA, from the Division of Home Visiting and Early Childhood Systems in the Maternal and Child Health Bureau. She's a policy analyst and will be sharing HRSA's perspective.

We then will have Kristine Andrews. She is with Child Trends, and the Director of Youth Development, a Senior Research Scientist, and Director of Racial Equity. Kristine has over 15 years of experience leading large evaluation and technical assistance projects in the field of maternal child health, adolescent reproductive health, and positive youth development.

We have Traci Samson, with Consilience Group, Managing Principal of Consilience Group, who provide strategy, technical assistance, and coaching to build cultures of health grounded in health equity, with a number -- excuse me -- of recent projects, including Organizational Development for Health Equity Lens throughout the American Cancer Society and partnering with the National League of Cities to build cities of opportunity that promote health equity for children, families, and neighborhoods.

In addition, you will hear from Meredith Hennessy, who is also a Principal at Consilience Group, and a Practice Leader. And Meredith leads multidisciplinary teams in needs assessment, design, and implementation of large-scale transformative initiatives to improve systems and services for people facing social and economic disadvantage. She's

currently working with a number of communities in the Mid-South to operationalize a comprehensive, strength-based, two-generation approach for families and young children that address various dimensions of health equity.

In addition, we're excited to have one of our MIECHV awardees. And, so, Claudia, who is the MIECHV Program Director for the State of Massachusetts will be sharing some work that they're doing in Massachusetts. Claudia oversees the day-to-day operations of the Massachusetts MIECHV program, including program implementation, monitoring and partnership within the Early Childhood System of Care; and she's also a member of the Racial Equity Steering Team within the Bureau of Family Health and Nutrition at the Massachusetts Department of Health.

Joining her will also be Melissa Colón, who is a Postdoctoral Scholar and Project Manager for Tufts Interdisciplinary Evaluation Research, a center at Tufts University, grounded by critical race theories and social cultural perspectives of human development. Her interest in evaluation and policy emerge from her work to address inequities experienced by Black and Latinx children, youth, and families engaged in public systems. She has worked on several longitudinal evaluations at TIER, the MIECHV Systems of Care Evaluation, and has a Bachelor's in Education and History from Boston College, as well as a Master's in Post Public Policy and doctoral work in Child Study in Human Development from Tufts University.

I hope that you are as excited as I am to hear the information that they all will be sharing with you.

We will frame a number of the parts of the conversation around the HV-ImpACT

and HRSA Needs Assessment Guide. This is a guide that was developed specifically to identify ten steps to assure ways that the statutory requirements can be met, as well as develop the needs assessment to be useful for all of the awardees. And so we will use this as a framing reference as Meredith and Traci share different ways that you can incorporate this lens into the work that you are doing.

I would like to point out at this time, there is a file share pod where all of the slides can be downloaded, as well as an Equity Resource Inventory that will be discussed more as the presentation moves on.

So, with that, I think we're ready to begin. I will turn it over at this time to Xuan Le from HRSA. Thank you for joining us, Xuan.

>> MS. LE: Thanks, Lorraine. Good afternoon, everyone. My name is Xuan Le, Policy Analyst with the Division of Home Visiting and Early Childhood Systems at the Maternal and Child Health Bureau at HRSA. Thank you for the opportunity to join this webinar to share with you HRSA's support for your work in applying the health equity lens to your needs assessment.

I want to first start by sharing HRSA's mission statement, and that is: To improve health outcomes and address health disparities through access to quality services, a skilled health work force, and innovative, high-value programs.

As you can see, addressing health disparities to improve health outcomes that promote health equity is written right into our mission statement.

Building upon HRSA's mission, the Maternal and Child Health Bureau is the one

Federal bureau responsible for improving the health of all of America's mothers, children, and families. And by providing this webinar today and applying a health equity lens to your statewide needs assessment, we at HRSA hope to support your ability to use the Needs Assessment to identify health disparities in the populations you serve, to promote the maternal and child health equity goals of your state and home-visiting programs, and further your ability to provide high-quality and responsive home-visiting services.

The Supplemental Information Requests, or SIR Guidance, for the MIECHV Needs Assessment provides flexibility. It allows you to apply various methods, analytical techniques, and framework to your needs assessment to ensure it can meet your state-specific goals. As you decide how you approach your needs assessment, we encourage you to consider the health equity framework to conducting needs assessments presented today.

Now, for a brief reminder of the statutory requirements of the MIECHV Needs Assessment to help you apply what you learn today.

The Bipartisan Budget Act of 2018, included a requirement to update the MIECHV statewide needs assessments by October 1st, 2020. The purpose of updating the statewide needs assessment is for awardees to gather more recent information on community needs, and ensure the MIECHV programs are being implemented in areas of high need. The key statutory requirements of the needs assessment are listed here and described further in the SIR Guidance, which is available on the MIECHV website.

In today's webinar, you'll learn more about health equity frameworks and strategies to apply these to your needs assessments. We hope that through the process of updating

your needs assessment, you can frame a more accurate picture of any populations that may be disproportionately affected by risk factors and use your needs assessment data to inform MIECHV program plans to promote health equity.

With that, I will turn it over to Dr. Kristine Andrews with Child Trends, who will set the stage for taking an equity approach in community needs assessment.

>> MS. ANDREWS: Thank you for having me today. My name is Kristine Andrews and I'm the Director of Youth Development and Racial Equity in Research at Child Trends. Child Trends is a nonprofit, nonpartisan research center devoted to improving the lives and prospects of children and families. We conduct high-quality, rigorous research, and communicate those findings, implications, and recommendations to the public, practitioners, researchers, and policymakers. Our staff work across several different program areas and have expertise in early childhood, education, poverty and self-sufficiency, child welfare, positive youth development, home visiting, intimate partner violence, and adolescent reproductive health.

I want to start with just establishing a shared language for this conversation. As we think about health equity, I'm really describing this as the state in which everyone has the chance to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or any other defined circumstance. And health equity is always linked with opportunity. The burden of disease and poor health, and the benefits of well-being and good health are inequitably distributed. Although some aspects of a person's health status depends on individual behaviors and choice, health is also shaped by community-wide factors. Research shows that problems such as poverty, unemployment, low educational attainment, inadequate housing, lack of public

transportation, exposure to violence and neighborhood deterioration shape health and contribute to ongoing health inequities.

I want to talk about the role of equity as it relates to community need assessments. Whatever your approach or method to conducting a needs assessment, community plays a vital role. First, community context is critical and each community is unique. Every community has its own culture, assets, history of achievement, and challenges on which to build. An equitable community needs assessment is an opportunity to push funders, local leaders, and partnerships to fully recognize and understand these unique community settings; and help them better direct their strategies and tactics to align with and leverage various community strengths and needs.

So, what does it really mean to take an equity approach? It means applying tools and practices needed to recognize people of color's experience with unequal power differentials and access to resources and opportunities, while also considering historical and current lived realities, including institutional racism. Most importantly, it means giving authentic voice to community.

Finally, I just want to stress the importance of taking an equity approach when conducting needs assessments. Applying an equity lens will produce findings that more accurately present the issues than without this lens; thereby, providing policy and change makers with the most accurate information to address institutional and structural factors that perpetuate inequities.

From here, Traci Samson and Meredith Hennessy from the Consilience Group will share examples of equity frameworks and use throughout child and family-serving

organizations such as MIECHV.

>> MS. SAMPSON: Thank you, Kristine. Hi, everyone. It's a pleasure to be with you today to talk about this vital issue. As Lorraine said in the introduction, Meredith and I are with Consilience Group. We are a women-owned, professional services firm, dedicated to improving conditions for people facing social and economic disadvantage. We're based in Memphis, Tennessee. We work with national, state and local nonprofits, government and healthcare institutions, to better align systems and services for comprehensive No Wrong Door approaches in the early childhood phase; as well as intersecting domains such as housing, education, and work-work development, community and economic development, justice and transportation.

Following up on Kristine's great framing, we want to start with a quick level set. We're sure that you're all familiar with the difference between equality and equity, but we think that exploring this graphic from the Robert Wood Johnson Foundation gives a great grounding for other key concepts. So, here you see two stories. Both of these stories have the end goal of providing people with an effective resource, in this case a bicycle, to equip them to move from Point A to Point B. In the top story, everyone gets an equal resource. And equality is a good thing. Yes? Of course, it is. However, the problem here is that giving everyone an equal resource, the same thing, does not provide an equal opportunity to achieve the same goal. The resource provided is only fully useful to one of these riders, while the rest don't have the same opportunity to ride quickly and comfortably towards their goal. Which brings us to the second story line. In this story line, each rider has a bicycle that is the best fit for them. They all have the same type of resource, but that resource is tailored to meet their specific needs and now they can all

ride along comfortably together. So these two stories show how equality, no matter how well-intentioned, can actually create and drive inequity, or conditions that create barriers to people getting what they need to be successful. These are commonly referred to as structural inequities. So our purpose today is to provide some insight and resources to help you leverage your needs assessment to identify these kinds of barriers and develop proactive strategies to make sure that the benefits of your early home visitation programs are fully available to all families in your state.

So how can we apply an equity lens to our home visitation work? Let's start with the core premise that the most effective practices, including early home visitation, is grounded in a family-centered approach which recognizes that family outcomes, particularly for young children, are mediated by different levels of their individual ecology. So we have to look at how equity impacts the ecosystem around each family. As MIECHV grantees, you already have a target population; but within that target population, there are so many factors that greatly influence the success of each individual family. While we know that individual family behaviors have the most direct effect, for example, the impact of maternal mental health on child development, what this diagram shows us is that those kinds of behaviors are embedded in several different layers of factors and structures that actually impact behaviors. For example, what is a family's cultural background and strength? What are their attitudes about mental health and getting help for these kinds of issues? What kinds of support systems are available? Do they experience racism or discrimination? Are they living in an urban or rural community? What level of education did they achieve?

These conditions and factors are often referred to as the Social Determinants of

Health. I'm sure many of you have heard the phrase: A person's health is more influenced by their zip code than their genetic code. And that's because the science is clear that the types of things that influence physical, mental, emotional, and social human development, particularly children, are the kinds of structural factors you see here all the way up through the outer ring of this diagram. So, services and resources on the ground, policies, administrative policies, and finally, public policies that influence all those things.

So let's take a look now at some example equity frameworks we can apply to this socio-ecological model. By framework we mean the definition: It's a basic structure underlying a system, concept or text. It's essentially a structure that gives a shape, like the framework of a house. Once you have a solid framework, though, you can overlay different materials to build a house that meets your specific needs and desires. We offer the following frameworks in that spirit to you. Not as prescriptions or the only way to go about doing things, but as a set of principles you can build on for your specific context, priorities and needs.

We're going to move really quickly through these. And as a note, we do have the Comprehensive Inventory of Frameworks and Tools available. You can access and spend more time after the webinar.

The first framework we're going to look at is really a mental model of structural inequities and how they play out and result in certain behaviors and drive certain behaviors, and the resulting health outcomes. This diagram is from the Bay Area Regional Health Inequities Initiative. It's a coalition of San Francisco Bay Area's 11 public health departments committed to advancing health equity. This mental model is used by health departments throughout the State of California to help guide their work, to address key

health factors outside the traditional scope of concern of health departments, with a focus on upstream factors. We share this with you in a similar vein, to really broaden the scope of how you might be thinking about factors faced by young families in your state in relationship to your needs assessment, as well as assets and infrastructure available to help address inequities. To level the playing field so families served through your home visitation programs can access the full range of holistic resources they specifically need to be successful. In other words, how to get the bicycle that's suited to their needs and strengths. And while you and your programs may not specifically address many of these factors, particularly the larger public policy issues, a deeper understanding of the context in which your families live can help you more effectively reach families, engage families, and then make sure they have access to the right set of, you know, baskets and the kickstands and all the things they might need for their bicycle to help them be successful.

This next framework is really interesting. This is another view of a sort of community-level way of thinking about equity and inequities. It really looks at the issue of adverse childhood experiences, or ACEs, which we know -- I'm sure all of you have prioritized this. It's a big topic in the field at this point in time. What's interesting is this Building Community Resiliency model couples individual adverse experiences with structural inequities that create adverse community environments. In other words, community-level adversity, which creates another level of trauma for children and families. Thinking back to our ecological model, what this model shows is how trauma can infuse all the rings around the family. From those immediate rings around individual factors and individual lifestyle experiences, all the way to public policy. This tree is planted in poor soil that's steeped in systemic inequity, robbing it of nutrients necessary to support thriving children and families. So it's really key to understand that adverse community

environments such as a lack of affordable and safe housing, community violence, systemic discrimination, many of the things that Kristine mentioned, as well as limited access to social and economic mobility, they compound one another. They exponentially have impact, and they create a negative cycle of ever-worsening soil that results in withering leaves on a tree.

This next framework is really about data. Data is, of course, an incredibly important dimension of addressing equity is what we measure and the way we measure it. So this is an example of a data framework many of you have seen before from a recent webinar you all had when you looked at the Vital Village Project. What's notable about a data framework like this is it looks not just at outcomes related to child development, which are key to track and which we'll talk about later in the presentation; but at the structural assets, or lack thereof, surrounding children and families where they live. Again, those outer rings of the socio-ecological model that influence family success and largely determine whether a family has the right kind of bicycle. This dashboard is organized into an opportunity index which pulls data from many sources to get a place-based, neighborhood level view of assets and access to resources that children and families need to be successful. These opportunities are kind of the inverse of the adverse community conditions we just looked at. These assets involve things like educational opportunity, environmental opportunity, and social and economic opportunity. So building on these assets, measuring them and building on these types of assets, promotes resiliency to deal with adverse experiences at both the community and individual family levels.

This next framework, finally, is an analytic framework we wanted to share as an

example of an overall assessment framework that guides analysis of potential policy and program implications and approaches. There are many variations of this type of tool available. You'll find a lot of them in the Inventory. But, they're all generally shaped by the kind of conceptual models we just shared that look at broad social factors and how they influence outcomes along with different views of different kinds of data. But the central question for most of these assessments which --

[NO AUDIO]

>> Okay. Can you all hear us?

>> Yes, we can. Thank you very much.

>> Alright. Sorry. That was dumb.

>> I think we want to probably backslide one slide maybe. So, Traci --

>> MS. SAMPSON: Yeah. Let's go back. You know, I was just getting to the punch line.

[LAUGHTER]

>> MS. SAMPSON: This is a big bummer. Here -- so here's the deal about the tools. The core thing that's different about this tool and a reason to really look at these tools as an enhancement to your traditional analytical framework, is that these tools specifically look at benefit and burden. In other words, will this decision specifically benefit or advantage one group over another? And if so, what steps can be done to mitigate that? And that is really the core difference in these analytical frameworks for equity than other kinds of analytical frameworks.

Okay. So now, the next one. Okay. So, we just went through at a super high level and a lot of different ways of looking at it. Mental model. Different ways of data. Different ways of analyzing. What do these all have in common? Well, the first thing they have in common is they are all designed to be used at one or more level of the system. And it's very important to be able to look at the whole level of the system that's serving the family, who's in the middle of the socio-ecological model, because it's only at these various levels of system delivery is where you can make change in the rings around the family. So all the way from the front line, all the way up through public policy. And all of these frameworks can be used at any level. And really they boil down to these five key points, which is really understanding the root causes of disparities, including structural racism, implicit bias, and unintended consequences; and having that deep empathy for really getting what's going on. Measuring strength and resiliency, not just deficit. Building in capacity for family and community voice and power. Making sure you have diverse and collaborative provider partnerships, and not just the usual suspects, but the people who are really having the influence on the ground to make change. And then finally, the whole idea of building capacity at the individual, institutional, and community level for reflective practice, cultural humility, and responsiveness. It doesn't just happen by itself. It's about intentionality. So, thank you. Meredith. Now.

>> MS. HENNESSY: Alright. Thanks, Traci, for framing that all up. I'll be building on the concept that you just heard Traci present and taking you through actually how to apply these equity frames and tools to your MIECHV needs assessment process.

As a first step in the process, you're assembling your planning team. In your Needs Assessment Guide, it emphasizes the importance of creating a team that's -- a cross

set -- that includes cross-sector representatives that can offer diverse perspectives and experiences. And critical to this process is lifting up the voices of caregivers and families that you plan to serve. But the successful and authentic engagement of families is not easy. We're talking about engaging families who have some of the greatest challenges and restrictions on their time, so this means we need to be really creative and innovative in our approach. There are some really good examples of how this can be done.

First, think about the resources that you can leverage. So rather than trying to create a new group of informants, you might want to tap into existing structures. So, for example, are there existing parent councils? The Head Start program typically have established parent councils. And we know that many evidence-based home visitation programs have advisory councils that include caregivers. So how can you actually tap into those existing resources and individuals?

Another example is using payment incentives to actually recognize the value of people's time. So, again, families that are the target -- part of the target population are often managing one or multiple jobs and they have limited time. So if we're asking them to contribute their experiences and guidance, we need to consider how we can recognize the value of that contribution.

And then finally, whenever possible, you want to identify opportunities to align and leverage other needs assessments and the data and findings from those. And actually I've been monitoring the chat and I saw that several of you were actually talking about aligning with your Title V needs assessment process. So, yes, whenever you can kind of combine the work -- or align the work, is always ideal.

So now, once you've gone through the -- assembled your planning team, you've developed your work plan, and you've identified potential alignment opportunities you want to begin gathering and analyzing your data. And this is an opportunity to assess the true needs of your MIECHV-eligible families and tailor your service offerings so that they are culturally and linguistically appropriate for addressing true, root cause issues; and most importantly, are appealing to the very people you're trying to serve.

In these next set of slides, we've identified some data sets that you could possibly leverage during this process. Most of us on this call are using a variety of data indicators already that provide insight into basic demographics such as race, ethnicity, educational attainment, poverty, infant mortality. Perhaps looking at kindergarten readiness. Highlighted here on this slide is a set of indicators compiled as part of the Annie E. Casey Kids Count Baltimore Report that are common population measures of child and family development. What you'll notice is that the data is disaggregated by race, which begins to list up possible disparity. For example, if we look just at the very first indicator of babies born at a normal birth weight. While the overall -- the overall population percentage is at 92%, we can see that the percentage of African-American babies born with a normal birth weight is about 5% lower than the overall average. You'll also notice that there's pretty great disparity across races when looking at the indicator of fourth grade reading proficiency. It's valuable to disaggregate not just by race, but geography or other character -- subpopulation characteristics that you may have data on. Then using this disaggregated data is a good first step in the analysis process. But, there are other opportunities to enrich your data set.

So, for example, you can infuse your data analysis process with alternative

indicators. We have an example here from Child Trends which has a set of flourishing indicators that actually provide insight into positive development in young children. So, looking at would I would say are sort of non-traditional indicators like gratitude, forgiveness, hope. So it's just a very interesting alternative way to look -- to consider what needs and strengths are within your populations that you're serving.

This next slide, we have a chart that's acknowledging all the Social Determinants of Health and their impact on overall health outcome. It speaks to why it's so important to consider your community context and the conditions facing your families. Are they struggle with transportation access? Are there limited jobs available? Are they living in food desert?

So, while home visitation programs are not responsible for delivering all these services, you know that if your families don't have access to these services, they are less likely to be successful.

This takes us back to your stakeholder engagement process as well.

[NO AUDIO]

>> MS. HENNESSY: Sorry, everyone. I'm going to pick up -- I think I was talking about our stakeholder engagement process. So, you may realize through the data gathering and analysis process that the families you're serving are struggling with access to affordable quality housing and then you may want to reexamine your team that you put together. Do you have a representative from a housing organization? Or maybe there's an opportunity to bring them onto the team at that point in time.

Okay. Then we have this next slide. What we want to do here is you want to consider the intersectionality of multiple data points. This is an example of another very helpful data resource called the Opportunity Atlas. It's fueled by an algorithm that makes use of multiple data points and it identifies which neighbors -- neighborhoods in America offer children the best chance to rise out of poverty. It then answers the question using anonymous data following 20 million Americans from childhood to their mid-30s. And it's interactive, so you can actually go in and examine opportunity within your own communities and can drill down to census tract level.

Now we're going to move on to later stages of your needs assessment process, when you're synthesizing and developing a findings report. This is an opportunity to consider how you might tailor engagement of MIECHV-eligible families based on the unique needs of defined subpopulations, and anticipate and mitigate potentially negative unintended consequences. During this process, you'll continue to -- once, engage your caregivers and families and gain their feedback. You can pull together focus groups and ask families for feedback through that process. You can propose to them possible programs and services approach to messaging. Also equally as important, get feedback regarding possible challenges they may have in accessing the services. You may even want to consider recruiting family representatives to help gather that feedback. Oftentimes, these are people who are of the community and they inherently know the right questions to ask. And your target population is more likely to respond to them.

Now to consider in the final step is actually the use of your needs assessment process. So how do you apply your findings? I think it's important to keep in mind that one size does not fit all. Again, going back to the image, the graphic that Traci presented

at the very beginning. So you want to consider how you might apply the principles of targeted universalism, which essentially means setting universal goals; and then you have various interventions and services that are tailored to address the specific subpopulation needs. So, for example, you might consider different marketing and communication strategies based on those varying population demographics. A messaging strategy that resonates with one subpopulation may not be heard as well by another. And from beginning to end, you want to consider how you'll be measuring and evaluating progress over time. A key component of that evaluation process should involve customer satisfaction and feedback. You want to consider how you're routinely sharing information out, as well as gathering information back. And a structure, an infrastructure, that will allow you to be responsive to that customer feedback.

This concludes our segment of the presentation. As you can see, there are many opportunities and facets to an equity approach. It can seem overwhelming, but the best thing to do is just to dig in and use the resources and information that you have readily available.

We're now going to turn it over to Claudia Catalano, Director of Massachusetts MIECHV, who will share about Massachusetts' use of a racial equity framework.

>> MS. CATALANO: Thank you, everybody. Hope you can hear me. Our slides here -- just so people know, the Massachusetts MIECHV program sits at the Massachusetts Department of Public Health, within the Bureau of Family Health and Nutrition. So these work together with the Title V program. Physical location within the same bureau has helped us to facilitate our ability to collaborate/coordinate on our needs assessments together. Being in the same Bureau has also enabled our programs to participate

together in our Agency's Multi-Bureau Racial Equity Initiative that is focused on embedding health and racial equity into our internal practices and policies, ultimately impacting our work here internally, as well as the programs across the Commonwealth. We presented on some of this over at [indiscernible] at the All-Grantees' Meeting.

Our racial equity is both a Massachusetts Title V priority, as well as a key objective for the Mass MIECHV program and will be using the racial equity lens approach to conduct both of our needs assessments together.

Our next slide here provides an overview of some of our racial equity work that has happened or is currently happening internally within our cross-bureau initiative. A lot of the work happening functions through cross-bureau work groups which are highlighted here in the inner circle. The examples are Procurement, Communication, Data and Evaluation, and Professional Development and Capacity Building.

For example, the activities that are -- the specific activities that are happening are in the windows next door. For example, our Procurement Work Group has developed a guiding document for folks internally who are drafting procurements. It gives people a guidance on how to embed racial equity work into their RFRs, their RFPs, their RFQs, to make sure that it's a core component of what is being drafted.

We also have a document that is outward-facing for applicants who are looking to apply to those RFQs or RFPs and explains what our racial equity principles are and gives them definitions and understanding to look for when they're applying for the upcoming procurement.

At the bottom, you'll see Systems of Support. These are across the racial equity

initiative, giving guidance and framework and support to the work groups, as well as other activities. We have racial equity steering committees that are often based by Bureau to bring in Bureau participation, as well as Bureau-specific issues. We have Town Hall meetings that are across cross-bureaus that explain what's going on with the Universal Equity Initiative and bring staff voice to the process.

Our next slide here is taking some of the lessons learned from our Racial Equity Training, both at Title V and MIECHV assessment teams. It's supported by Tufts University. And have built a racial equity approach into the multiple facets of our needs assessment. This grid highlights key activities and provides examples of racial equity considerations. For example, to support both of our needs assessments, we embedded racial equity questions into our selection and hiring process for interns and our Research Need Assessment Coordinator of Tufts University. We wanted to make sure that our Needs Assessment Team at the work review level, as we call it, was -- had a racial equity approach and people came in understanding what that meant.

For our qualitative data -- sorry -- for our quantitative data, for example, we are making sure to expand our indicators to include data that examines structural inequities, and also ensure we embed and examine contextual and historical elements of our communities to better understand what data the data is telling us. For quantitative data, for example, we want to examine, via survey of home visiting programs across the state, how family voice and engagement is built into their program's operations. And to expand our interviews and focus groups to non-traditional groups using relationship-based approach, and asking questions that are specifically about structural racism and community history in context. Specifically with our focus group, we want to embed this work in a

participatory and community-based approach which will have an involved Community Evaluator Model.

I'm now going to turn it over to my colleague at Tufts University, Melissa Colón, to explain the Community Evaluator Model and how this approach will be embedded in our work.

>> MS. COLÓN: Thank you, Claudia. And thank you, everyone, for being here and for including us in this webinar.

This huge couple of minutes that we have left together, we're going to be speaking about our Community Evaluators Model. This is one of several components in which the Needs Assessment addresses questions of racial equity.

To back up for a second, I should say that my name is Melissa Colón. I'm a Postdoctoral Scholar and Project Manager at Tufts University in the Center for Interdisciplinary Evaluation Research where we conduct rigorous, applied evaluations of policies and programs that target children, families and communities. TIER, as we're locally known, is a research partner of the Department of Public Health in Massachusetts. My role in that team is to manage the Community Evaluators Model.

I'll start by talking a little bit about the impetus of the Community Evaluators Model, including some thoughts on our theoretical framing; and finally, I'll discuss the model itself.

Our goal really here is to provide you with a short, quick snapshot of the work that we're hoping to do with community members, and be in conversation with you about the challenges and the opportunities that this model presents.

I wanted to start with this really powerful image from the Chicago Beyond report. Take one quick second at it. As I said, this image comes from a community research guide published by Chicago Beyond called "A Guidebook for Community Organizations, Researchers and Funders." I wanted to start here to situate our Community Evaluators Model because, after 15 years of conducting public health and community-engaged research with a variety of populations, but largely, in urban settings with Black and Latino youth and families, this question has always come up. Why am I being researched? Participants have asked me why they, or us, as many times I, too, am a member of those communities, are constantly the subject of research studies. And most importantly, they are eager to find out how the study, if at all, or the Needs Assessment, in our cases, will be used to improve their quality of lives. Given the well-documented, contentious histories of government interventions and research on many of these communities, most participants are often naturally suspicious. Understanding and situating community members as experts of their own lived experience, and as knowledge-producers in terms of the needs and the visions that they have for their future, we wanted to design a component that not only critically answered the question why am I being researched, why am I being asked to participate in these focus groups; but also, what are we going to do with this research and how is it that this research is going to improve the quality of life in our communities.

As such, again, our goal was to create an opportunity for members of the most-impacted communities of our needs assessment to contribute to the development and implementation of the Needs Assessment. We wanted to recruit, train, and retrain, a group of folks who would partner with us in all aspects of the research process from data collection, to analysis, to implementation, and to dissemination. We developed this

model, which I am shortly about to share with you, really drawing from Critical Race Theory in Public Health, from Feminist Standpoint Theories, critical pedagogies, and empowerment evaluation paradigms. And should that really situate community-based participatory approaches? A couple of thoughts on these theories.

Sorry. This went ahead. Couple of thoughts on these theories. While these theories are different in nature, they all align in that they situate knowledge as socially constructed. They value the experiential knowledge of people who themselves have experienced marginalization. And specifically, they believed that community members themselves have the know-how and commitment and insights to lead and contribute to the planning and implementation of evaluation programs and policies that impact them directly.

Of course, this is not our idea alone. There is plenty of research in public health. And as you heard from our previous speakers, that really take on questions of health equity, of social equity, of social justice. Here is just one example of a way in which two scholars, Minkler and Wallerstein, from 2003, really frame how participatory approaches challenge national research and contribute to a better understanding of the needs of families and communities in the social-political context in which they live.

So what is it that we're doing? What is the actual model? Right now, we're in the process of implementing a six-step approach to authentically engaging community members so that their voices and experiences are inherently part of the needs assessment, and, of course, in the implementation. In this six-step process, we're currently in step number one, which is that we are actively recruiting members from the most impacted communities. Right? And what do we mean by the most impacted communities?

Well, we looked at many of the indicators that were previously discussed and we identified communities that were economically disadvantaged and that met our subpopulation targets; and it is from there that we are recruiting. There is absolutely no requirements to be a community -- no research experience required to be a community evaluator because step two is training and mentoring folks to go back to their communities and collect and analyze data from focus groups and community meetings that they will be hosting. In step four and five, we'll bring the community members, the community evaluators, from across the state so that they can make recommendations and program -- make policy and programmatic recommendations regarding the implementation of -- regarding the findings of the needs assessment; and later, as a closing exercise, we'll bring them together to reflect and strategize on next steps.

Of course, as someone mentioned earlier, there are many challenges and opportunities that present themselves in this work. One of the challenges is that this work is very time-consuming and it requires that we build relationships with community members that are based on trust and reciprocity. It is a completely labor-intensive project. It is expensive because we want to make sure that we're providing incentives to participants to stay with us for a nine-month period so that they can be trained to collect and analyze data. Sometimes when we do this kind of work, tensions between researchers and folks in programs in the community rise up, so we have to be open to the possibility of conflict, creating opportunities for new ideas and change. But there's also many great things about this approach. The most important one being that we will be able to authentically engage community members and we will be able to have a deeper understanding of their lived reality as a family in Massachusetts. Of course, we also hope to contribute to the evaluation and research capacities in communities that we serve.

I look forward to questions and I'll turn it over to our next presenter.

>> MS. SWANSON-LUCINSKI: Great. Thank you so much, Melissa. At this time, we welcome any questions that you have. A couple of people have put them in the chat, so if you would like to look at those. There was a particular question, Melissa, for you about the community evaluators. Jahzmyn was asking are the community evaluators compensated?

>> MS. COLÓN: This is a great question. I believe that our friends from the Consilience Consulting Group talked about the importance of incentives when working with families, particularly families that are economically disadvantaged and themselves are contending with many of the challenges that exist in these communities. So we are absolutely providing an incentive for families. They're for community evaluators. They will come to the university and be trained in all these summits. We're providing childcare when they do the focus groups and when they do the data collection in their respective communities. We're providing travel incentives as well; and in some cases where folks are coming from rural communities, we're also providing lodging. So that's part of the challenge and commitment that we're making, that it is very time-consuming and it can be expensive, but we believe that the investment is worthwhile.

>> MS. SWANSON-LUCINSKI: Thank you, Melissa. I did a poll. If there are any other questions, please do enter them in the chatbox. And while those are coming up, I will mention to you that we will be continuing conversations related to the Needs Assessment in a peer dialogue format. You may recall, a couple of years ago, HV-ImpACT did a number of peer-to-peer dialogue where people come together and have the space to hear some information and then break out into smaller groups for conversation. Tomorrow

morning, you will be receiving the invite for the first peer dialogue related to Needs Assessments.

With that, I see that there is another question from Sarah Bowman about the Community Evaluators Model. Was wondering if this is new for this needs assessment process, Melissa, or is it an ongoing initiative of your research program?

>> MS. COLÓN: This is a new component of this needs assessment. However, I know that our local Department of Public Health has also, across other divisions and programs, have implemented ways in which community members are an inherent part of their processes. But, for this needs assessment, this is our new approach. And what we're hoping to do is that the relationship between the Community Evaluators that we work with doesn't end at the end of the Needs Assessment, but that we develop a way of ensuring their continuous participation in our work.

>> MS. SWANSON-LUCINSKI: Thank you so much, Melissa. At this point in time, we would like to ask you, before we present the dates for the ongoing needs assessment peer dialogue sessions, to answer a couple of quick polling questions that help us understand the steps, or not, that you may be taking based on this webinar. It's part of our CQI processes. As well as to help inform future technical assistance products. If you could complete that poll quickly, we will close it here in about a minute or two and share with you next steps for Needs Assessment Technical Assistance Products.

We have only about a quarter of you who have answered this question, so we would really appreciate it if you would quickly just answer yes or no and what that step might be to help give us some feedback. And please do let us know if you have any other

last minute questions. You can enter those in the chat as well.

I see some of you giving feedback in the chat. Thank you very much. We really do hope that this was a lot of seeds that will help you be able to think about different ways you can approach your needs assessment and we'll be really looking forward to see how this is integrated into the work that you're doing or not as the needs amendments are completed next year.

At this point then, if we can close the poll and put up the last slide. Thank you.

We wanted to let you know that the Peer Dialogues on Needs Assessments that are planned will be happening July through November. You can see the different topics that will be discussed at each of those Peer Dialogues. The first one being July 17th, to coordinate with other needs assessments. Please make sure that you visit HRSA's website to get different technical assistance resources, including a recording of this webinar and a transcript. HV-ImpACT's next webinar will be August 13th around Building Caseload Capacity for Engaging Community Partners.

At this time then, I see that there are a couple of other questions and we will definitely collect those questions and see if we can answer them directly from our presenters. I believe, Melissa, you put in your information there. Maybe, Laurel, we can follow up with you specifically on some concrete suggestions for disaggregating the data, as that seems to be an area that you might be interested in thinking more about.

At this time, thank you very much for your participation today and we hope that the above information -- the information presented was helpful to all of you and we'll look forward to providing ongoing support. As you have technical assistance needs, please do

contact your Project Officer and TA Specialist. Have a great rest of your day. Thank you very much, everyone.