



**Community Engagement | Authenticity
in Practice
May 23, 2022
11:00am – 12:30am PST**

AKJ: TEXT CHAT QUESTION: What does authentic community engagement mean to you?

NP: Sharing decision-making.

RC: Humility.

HT: "Nothing for us, without us".

JM: No strings attached.

CL: Shared power.

ER: accountability.

NP: Sharing power.

IIM: Relationships instead of transactional.

CS: reciprocity.

KW: Compassionate.

MJ: Listening.

A: open, going to instead of asking to come to.

IIM: honesty.

BS: partnership.

GW: Real, reciprocal relationship.

L: Survivor focused.

DY: Does the community want us there?

SC: meeting people where they are.

ER: empathy.

MB: reciprocity.

OT: Connecting with those we serve. Establishing a trusting relationship. Upholding confidentiality.

NP: showing up.

DS: Being involved and being genuine and caring about the community.

EX: strategic partnerships.

HH: Meeting people where they are..

JT: I think it starts with self-awareness—who are you, who is your community, who are you in relation to the community you seek to work with?

JD: Trust

Dr. TT: Tangible outreach and focused roles and function.

BF: Empowerment of community members.

AR: Lots of different people at the table.

KP: Listening. Shared power. accountable.

BM: transparency.

R: I think it means providing safe spaces people can be authentic.

DF: Actively listening to others points of views and ideas.

HW: Understanding of the dynamics of what's ALREADY THERE.

CM: Inclusion.

BS: based on assets.

LB: genuine care for members of the community, desire to help.

CM: Accessible.

AM: Listening and educating!

ER: Not just box-checking.

MRB: Empathy.

AF: Reflective of the community you serve.

CP: Action!

SE: Uplifting marginalized communities.

HY: being able to name a social justice problem without being blamed for the problem.

AA: Communication.

SK: Empowerment, education.

IIM: community at the center.

DPH: Reciprocal, meaningful for community.

DS: Showing inclusion.

JH: compassion.

TF: Empowerment approach.

J: accountability.

SR: It means reaching out to various community stakeholders and partners and asking them what they really need.

LAB: check your Biases at the door.

ER: cultural humility.

HSW: strengths based.

CJ: Listening and Hearing.

ST: Open door!

AF: representation and input from the community.

JH: self-reflection to be able to check your biases.

SR: Also, cultural competence/understanding.

IS: ALL OF THE ABOVE

RM: building relationship to the community, learning who they are.

KO: Relationship-focused and non-transactional.

GE: to be engaged and active listener with empathy and not losing site of the community's voice.

CL: Whoever wrote 'no box checking,' I love that! It's a good guiding principle.

LH: Including typically marginalized member of the community (for example people with disabilities, low income, immigrants), including members of the community as stakeholders, listening, relationship building.

ER: recognizing your own privilege, and not going with a savior mentality.

RB: everyone is invested, involved, and actively engaged.

LAB: More Listening, than Hearing.

AKJ: NSVRC's A Health Equity Approach to Ending Sexual Violence:
https://www.nsvrc.org/sites/default/files/2021-06/health_equity_approach_to_preventing_sv_final508_0.pdf

AKJ: Minnesota Department of Health – Supporting Health Equity Through Community Engagement:
<https://www.health.state.mn.us/communities/practice/equityengage/community/advancingequity.html#engages>

AKJ: Principles of Community Engagement – Continuum of Community Involvement:
https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf

AKJ: You can download the PowerPoint slides for this session here:
<http://www.preventconnect.org/2022/04/community-engagement-intentionality-and-health-equity/>

AKJ: Here is the continuum of community engagement link: Principles of Community Engagement – Continuum of Community Involvement:
https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf

SM: racial disparities are still huge when measuring sentencing outcomes today.

CM: Thank you for using the language Uprising, not riot; it's appreciated!

SR: That's true...language matters.

TB: as a black woman I feel incredibly seen in this space!!

MC: 🙌 yes appreciate this take on power and how it connects to wellness.

JS: <https://humanimpact.org/>

JS: What does your organization do well with community engagement?

SR: That's actually something I'm trying to improve about my own work and my organization.

A: Building relationships.

HS: loss of listening sessions.

DS: bringing awareness to the community on issues.

LH: Listening to community members and valuing them as stakeholders.

MC: Long term partnerships.

KW: not much.

HC: Our community is really involved based on years of interactions.

DS: wide variety of creative activities.

CP: networking.

GE: prevention education.

CM: Trying to reach more and new people.

AM: Providing healthy options to improve lives.

LL: making ourselves available.

LR: Responsive Adaptation.

ER: staff and community retention.

NB: 1:1 student interactions.

JD: Utilize a self-healing community framework along with an empowerment approach to create collective impact!

RB: Collaborating sharing resources.

MS: thriving as a community.

MG: Trying to connect with all corners of the community.

CH: making sure children are educated and involved.

J: Prevention education.

L: Listening to community needs.

JB: Actually trying to improve community engagement.

RM: building relationships and listening to the stories of our community.

AB: We give people space to just be. We don't always have to have a learning agenda or goal. Just people being people.

JK: The YWCA GLA utilizes Community Empowerment Councils to provide community voices to our work.

BM: relationship building, listening, asking questions.

TL: connecting them to resources.

EX: Amazing collaborations, community member engagement is extremely high, they are very involved.

AC: Including in webinars and training.

GRT: Collaborations for awareness, mobilization, and education.

SR: Bringing awareness via social media and psychological first aid.

SV: we have diverse connections, engage lots of different parts of the community.

RG: humility.

MB: Collaborating.

MR: ask.

AM: Providing resources to connect survivors that fit their needs

HT: Investing in Survivor workforce.

LAB: Listening and getting resources.

AA: As a youth outreach advocate, I love being able to engage with the communities youth and hear what changes they want to see be made.

ST: Supporting change.

CM: THERAPY AND/OR LINKAGE.

IS: BRINGING AWARENESS, BUILDING RELATIONSHIPS.

CM: coordination,

NW: supporting other org's events.

RC: Engaging with stakeholders and asking for their advice.

TS: Community conversations.

PC: Events, interviews, focus groups.

J: Community conversations.

PC: Rather than trying to lecture/present to an audience, I focus on making it more of a dialogue/conversation surrounding the topic of DV, people get way more engaged!

KW: Provide a place to create community in the anti-human trafficking space - collaboration/education/training/coordination.

KAR: We've done it more especially with the RPE grant and it just makes everything better and easier. We need everyone we can get, so approaching people and learning their perspectives, and seeing how we can help or leverage resources is amazing.

SDW: helping.

ER: humanizing.

JL: Culture sharing events.

SM: supporting victims.

KH: We hire people that are personable and understand the cultural backgrounds of the people we engage with. We make real connections with families and community members.

LAB: Education

JS: What do you wish your organization did differently with community engagement?

SDW: Events

HS: I wish we more proactive than reactive.

HY: showing up with an open mind rather than an agenda.

A: Capacity Building (Growing our volunteer and donor base).

JD: Diversify the organizational makeup to reflect our community partners.

J: I wish we had a dedicated budget and position for community engagement.

GB: including community in long term planning/strategic planning.

RC: What HY said.

AM: Better organizational use of finances and budgeting for prevention and education work.

SR: truly listened to the needs, collecting data and not assuming.

KAR: Listen to feedback and actually do something different instead of wondering why we aren't reaching people for the 100th time.

NW: community over funders.

LAB: Pay me more money.

RG: less transactional.

CS: Adequately funding and staffing to reduce turnover, which makes long term engagement difficult.

AB: More resources for events. Grant funding won't pay for food and that is such a great way to get people in the door and connect.

SH: I wish our website was more survivor driven than donor driven.

PL: more open to feedback and attentive to who is not there.

BS: Less hoops to jump through....

AA: More individuals who are passionate.

SB: Doing more concrete things with the feedback we receive.

JL: More engagements.

LS: Reach out to the City power structure to get more of their involvement.

MRB: more advocacy.

CH: it's not my organization, the community is reluctant to allow us to engage.

SR: I wish we were more diverse with our community engagement.

GRT: More engagement.

TD: contracting with members of the community rather than bringing in outsiders from our organization.

ER: More advisory committees that actually have power.

JH: Encouraging collaboration.

AB: less one offs.

MM: closing feedback loop.

CM: I WISH MY CLINICIANS INVOLVED ME IN FOLLOWING THE CASES LONGER.

KP: Not always just talking to the same stakeholders.

LC: That we had better intentions with our community engagement.

AM: Have more synergy with local government and their support.

SV: wish that we put more leadership into low income survivors hands rather than professionals.

KW: Stop considering working with community organizations as working with the community.

RG: be aware of tokenization and over-use of the community.

KW: More funds to support agencies/nonprofits.

HY: not taking it personally when people don't immediately want to engage with us.

GE: more training for staff regarding community trauma and cultural humility.

LH: Having more community input on the creation of resources for the community.

PC: Social media.

SE: I wish we'd be honest about the fact that we're only engaged in sharing what we want to highlight, not actually listening.

J: participatory approaches to funding.

KT: Less red tape.

RG: ooh, @SE- YES.

AF: wow, these responses are GOOD!!

RG: Real talk? Accept that white colleagues will have and create different community experiences than Black/Brown/Indigenous peers will. and I can't train you to do what I do. because I live this brown life every day-- so I walk in with a connection.

SR: YUP

HY: holy crap yes.

LAB: More effective programs.

BS: How to use community stories to make change and with ethics.

AF: That part 🙏

AA: Very unwanted!

TA: A language barrier could also be a reason. Lack of documents printed in their native language.

LAB: @RG, You can teach , though....because You do live Your life and understand Your public better than the higher-ups will ever will.

SR: using a cis-het lens in how we talk about survivors/survivor experiences could also turn off certain LGTBQIA+ communities.

LH: Putting in the effort to reach out to disabled communities and make it accessible for us to participate.

SR: The Brené Brown series is on my watch list lol.

SM: Atlas of the Heart was amazing, Brené Brown is an exquisite human being.

SR: Networking and community engagement is one of the most important aspects of the work sometimes.

AAP: <https://www.futurelearn.com/info/courses/understanding-politics-and-international-relations/0/steps/191067>

JS: Health and Cultural Wealth: Student Perspectives on Police-Free Schools in Fresno, California <https://humanimpact.org/hiprojects/health-and-cultural-wealth-student-perspectives-on-police-free-schools-in-fresno-california/?strategy=research>

BS: We need to have measurable outcomes on what Ashleigh is speaking on. Specific deliverables or payable outcomes for what meeting over coffee does.

JS: Stop ICE Transfers: Promoting Health, Unifying Families, Healing Communities. <https://humanimpact.org/hiprojects/healthnottransfers/?strategy=research>

JS: Liberating Our Health: Ending the Harms of Pretrial Incarceration and Money Bail <https://humanimpact.org/hiprojects/liberating-our-health-ending-the-harms-of-pretrial-incarceration-and-money-bail/?strategy=research>

JS: @Beth that's a great point, especially when we operate under grant funding. When I worked as an RPE subrecipient, we tracked our 1:1 relationship building as network growth and took note of the themes we discussed and how it impacted the work (did they join a volunteer/ action team, did they commit to a small action, did it contribute to skill building.)

Dr. TT: Have we added the link for removing SROs in Fresno?

JS: Stop ICE Transfers: Promoting Health, Unifying Families, Healing Communities
<https://humanimpact.org/hiprojects/healthnottransfers/?strategy=research>

JS: Liberating Our Health: Ending the Harms of Pretrial Incarceration and Money Bail
<https://humanimpact.org/hiprojects/liberating-our-health-ending-the-harms-of-pretrial-incarceration-and-money-bail/?strategy=research>

JS: Health and Cultural Wealth: Student Perspectives on Police-Free Schools in Fresno, California
<https://humanimpact.org/hiprojects/health-and-cultural-wealth-student-perspectives-on-police-free-schools-in-fresno-california/?strategy=research>

Dr. TT: Thank you!!!

KO: @Janae That's really interesting to know! Currently an RPE subrecipient going to a lot of relationship and rapport building meetings- I'm going to keep that tracking in mind going forward.

JS: @Casey when I was a prevention coordinator with Close to Home, an RPE program, I kept track of every presentation, group chat, table, 1:1 and person added to our mailing list. My RPE funder found it really helpful and we always came back to it! Happy to chat more about it if that is helpful. jsargent@valor.us.

Dr. TT: Excellent niche'-based approach.

KO: Thank you!

JS: TEXT CHAT QUESTION: What commitments do you want to make?

LW: To have this conversation with my team members.

CH: reaching out to the high and middle schools to get engaged in those schools.

KW: Share the information that I learned today with our team. I will start here.

MC: To be more intentional as a program in what funding opportunities that we pursue and make sure those align with our values and center our youth in these spaces.

LAB: I'm going to create a partnership between Federal Rep and our Health Dept.

GRT: Support further outreach efforts and take opportunity to establish agreements.

CS: I'm going to reach back out to the local mutual aid group to see if it's something I'd like to join.

JAM: What is there for small rural communities? There is a mindset on out community that abuse doesn't happen here. How do we remove the blinders they have on?

CM: Can you pls share this recording with us? Thanks!

AB: I am going to make a community engagement map to see at what level of engagement I am honestly at and where gaps/areas for strength building are.

MRB: I will share this information in our next staff meeting, find other ways to connect more with other community members.

SDW: Yes please share recording!

AA: Where can we find the images you used throughout the meeting? Specifically the community and underlying factors diagram.

KP: I would love any advice/thoughts on how to deepen focus groups/community conversations by getting robust folks to those tables. We have a steering committee

structure that helped identify priority areas, but are wanting to have survivor focus groups to inform strategies to address those areas. Feeling stuck to make sure that we don't just have "traditional/good" survivors that get centered especially in a more conservative and white community.

BS: Thank you.... love the idea about what community do we want to reach out to... and make a time commitment to partner with them...have coffee with them to build relationship.

JS: Recording and resources will all go out after this web conference concludes, keep an eye out on your emails!

AA: It just looks different.

SR: Sometimes churches, community centers, etc. are good places to start your outreach in those rural communities.

AA: You're right about that. the data does support that.

SL: Finding a faith community, or one person within the community, who you can partner with, helps in a small rural community.

EC: I live in rural northern Illinois and work for a Domestic Violence agency. We have had a fairly successful outreach program since 2016 related to prevention and education. We present to schools, churches, local community college. Feel free to reach out if you want to chat more!
elissac@turnpt.org.

AA: Speaking as a rural organizer.

Dr. TT: Yes indeed....find someone that is already known...and allow them to introduce you.

RB: Make sure they know you are there, available, and what you can help with.

ID: I am going to share with my supervisor the things that I learned here today, thank you all so much for the great information. And for raising the hard questions of how to make our resources attainable to our families and literally give our clients real help an real answers re; where to get the help they need for those who are in incarcerated and those how are looking for help in reuniting with their families after being released.

LAB: This has been a very enlightening webinar but I have a Client emergency & must leave. Thank you both.

HY: I worked in a rural community in Indiana. I've found that addressing the misconception directly is helpful, starting at the place of gathering (church, etc) and having consciousness raising conversations about IPV and sexual assault, and then coming in with the services/actions once consciousness is raised.

SM: I work in a rural area in MD - lots of organizations they often aren't connected and are unaware of each other (surprisingly in an area where everyone knows everyone).

DY: I have to hop out. Thank you so much; this was AMAZING. thank you for all your work.

LM: Will a certificate be available after the presentation?

PC: We also have a rural outreach advocate- she was born and raised in a conservative, rural area of the Midwest and therefore is the best person to connect with that population- for lack of a better way to say it, she knows how to connect in a way that's 'palatable' to the community there.

JM: Thank you for sharing.

Dr. TT: Thank you so much for everything. I will be in touch!!

ID: I have to drop out thank you for all of the hard work you do! 😊!!

MR: To stay humble, to be an ally to marginalized populations, to acknowledge and educate myself and others about implicit bias and to continue to learn from the Affirming Spaces Project and Black Lives Matter Seacoast.

KO: Yep!

KP: Exactly - Hoping to avoid that pre-baked piece and get feedback and ideas up front. And then I hope to pair it with an invitation to join the steering committee as well, or at least stay informed in its development.

PL: how about asking community members how they would know they were included? that feels like a great start to measuring community engagement.

JS: Minnesota Department of Health – Supporting Health Equity Through Community Engagement:

<https://www.health.state.mn.us/communities/practice/equityengage/community/advancingequity.html#engages>

AM: I commit to each individual that I help; by trying to assure them that THEY have POWER to be HEALTHY. I also commit to educating those in my community that do not understand the truths of social issues on both a micro & macro level. I feel that the more that society and our government leaders understand social issues, more understanding and change can occur.

JS: NSVRC's A Health Equity Approach to Ending Sexual Violence:

https://www.nsvrc.org/sites/default/files/2021-06/health_equity_approach_to_preventing_sv_final508_0.pdf

BS: I know that Wisconsin has done some measuring tools.

JS: National Academy of Medicine – Assessing Meaningful Community Engagement:

<https://nam.edu/assessing-meaningful-community-engagement-a-conceptual-model-to-advance-health-equity-through-transformed-systems-for-health/>

BS: Wisconsin community engagement.

MRB: What a wonderful presentation, very educational... Thank you so, so, much!

SH: Great presentation!

LF: Thank you!

SK: This has been very powerful!

JS: amber@humanimpact.org – email <https://humanimpact-hip.medium.com> –
blogollow Us on Twitter and Facebook
@HumanImpact_HIP
@AmberAkemiPiatt
facebook.com/HumanImpactPartners

GW: This was so helpful! Thanks to all of you :)

MB: Thank you .

LH: Thank you!

LB: I love that quote. I agree! Thank you for that & this training. :)

R: Thank you so much! Amazing training. :)

AB: This was great! Thank you so much!

PC: Thank you very much. This was really helpful and thought-provoking!

JS: And for anyone who is not an RPE or DELTA recipient, we will be turning part 2 into a podcast open to the public :)

MP: Thank you!!

VM: It's going be in our email

JS: Yes @VM

JP: Thank you!!!

SR: Thank you so much for this great info!

J: Thank you ! I really enjoyed the webinar.

MC: appreciate everyone! Thanks!

AB: Thank you!