

AK: Hi everyone! Thanks so much for joining us today for session 2 of this Peer Learning Forum. We will be getting started at the top of the hour. I am with PreventConnect, here in Oakland with the Prevention Institute team.

AK: Recording and materials from session one, including the graphic recording notes, are available here: <u>http://www.preventconnect.org/2016/07/peer-</u><u>learning-forum-collaborating-for-success-promoting-innovation-and-equity-through-multi-sector-partnerships/</u>

LFP: Ashleigh is amazing!

PI: How do you define health equity? How does equity relate to your SDV prevention work?

MBN: I listened to a recording of the last one, so I don't know if that is "yes," "no," or "other."

CY: the conditions and resources that support health are equitably available to all community members.

COT-W: Everyone has what they need to thrive is my layperson's terms for health equity. It is the basis of our work at the coalition

SDC: The work at the outer layers is directly tied to equity and access.

MBN: Health equity is how we operationalize addressing disparities, including who is most effected and who has meaningful access to interventions.

JW: Health equity is the condition where people have access to everything they need to live a healthy life, regardless of zip code, SES, Race, gender, etc.

PI: Alisia's question: How do we start working together with diverse partners to be able to move systems forward? What changes can we have within the community and society with the network we've been forming?

RC: That is really interesting. In OH our engaging men work is about training men so they have knowledge and skills to impact their spheres of influence. We hope this will lead to community change.

LFP: I really heard Alisia talk about the strength they have in the diversity of participants in the coalition. How powerful for a diverse group to take action to change conditions together!

JW: There is a lot of modeling that can be done within your own process, and can bridge the internal/personal work and community level work. We are attempting to create a collective process that reflects equity principles. So for example, we are working to shift genuine accountability to our community rather than funders, which is a practical translation of evening out power dynamics.

SDC: It is important that partners in this work "have each others' backs" when it comes to dealing with systems. We can provide each other with different kinds of support, from research articles to provide evidence for our approach to accompanying one another to meetings in order to have more than one voice raising issues.

COT-W: We have to get out of our offices to foster collaboration across systems and with different partners. I think this can happen by identifying shared risk and protective factors then work on those together. Change cannot and shouldn't occur without the people using the systems we are trying to change.

COT-W: What I am struggling with right now is having a foot in the community and a "foot in power" (i.e., I am a part of our state coalition). My stakeholders on one project remind me that "nothing about us without us."

RC: @Cierra Olivia we are using CDC's "Connecting the Dots" as a framework for working across various forms of violence and shared risk/protective factors.

COT-W: The people I am interested in working together with cannot sit around a table for a meeting for an hour to plan something. That style of collaboration will not work.

COT-W: Yes, AWESOME, @Rebecca, we do too! (We are the home of Netty Spaghetti)

RC: We use Netty Spaghetti for our training too! Love it!

COT-W: In case you are wondering, the meetings that I have with stakeholders with a variety of disability have a lot of play in them, a lot of movement, a lot of role playing, game playing, discussion, taking walks together to talk about what

we see around us. Its almost like collecting data all the time.

LFP: Have you encountered similar challenges that Alisha described in navigating inequities in partnerships?

LFP: Alisha said that they are creating safety to have difficult conversations that are supporting growth, and building caring connection in their coalition. Does this resonate with how you are addressing inequities in partnerships?

JW: We try to be very mindful of norming every process around residents, rather than organizational partners. So if we are two uplift resident voices, and create spaces that value resident leadership, we need to ensure that the process is comfortable and empowering for residents. We push our organizational partners to adapt, rather than the other way around.

JW: *to uplift"

CY: would love to see your decision making framework/tool, Brandy!

LC: I echo Colleen - would love to see your tool :)

LFP: What questions, reactions, and reflections do you have for Brandy based on what she has shared and based on your own experiences?

RC: Ditto @Colleen and @Lauren

RC: Brandy, how have you sustained this transformation?

RC: @Amen Noel

TH: Brandy did any of your organizational policies or mission, vision change as a result of your colleagues' transformation?

COT-W: These conversations are so hard and so important. I like how you talked about "looking inward" at the coalition and what we as workers bring to the conversation (our trauma histories, the ways in which we have power, etc.) I agree that this a powerful and exciting time in the work.

LFP: Shout out to Kelly and Move to End Violence!

RC: It's got to be difficult. It seems like white women are too often let off the hook for holding each other accountable for their prejudices. It is not equitable to look to our sisters of color to hold us accountable. Is that part of the struggle here, Brandy?

RC: Love the idea of community agreements.

MBN: Agreed!

PI: We invite participants to share their reflections on Brandy's challenge of creating trust and safety to address racial biases We need to figure out how to have powerful, meaningful conversations with one another in a way that builds up rather than tears down others.

MBN: Can bring in issues of inter-sectionality of oppressions, health equity, and disparities! From there, I think it is easier to look at how we frame our work and approaches to underserved or un-served communities.

JW: WE have engaged the Racial Equity Institute to train our collaborative, to provide everyone with a shared language for talking about race. We are still working on getting everyone through the experience, but it has definitely impacted how we are able to talk about race and oppression more broadly.

RC: My dream is that NOVO and Move to End offer another 10 years after the first. My dream is that every coalition eventually has the opportunity to participate in that work on both SV and DV sides. That work is so inspiring. Thank you for sharing Brandy!

COT-W: @Rebecca - I love that dream!

AK: What are your key a-has or take always from the conversation today?

DL: What a great conversation. I will be sharing my perspectives on Move to End Violence at the up-coming RPE Leadership Training. (I already did at the DELTA FOCUS meeting earlier)

PI: What topics are you interested in exploring during the next peer learning forum session in this series focused on "Collaborating for Success: Promoting innovation and equity through multi-sector partnerships"?

MBN: My key a-ha: so much of what people are talking about is shockingly similar to what we are struggling with, which I didn't expect (aren't we terminally unique?).

MBN: Thank you!

COT-W: TOMI was great, thank you! Such cool visualization