

Centering Community Voices

Finn Brigham

Vice President, Program Services
Callen-Lorde Community Health Center

Penny Rattan

Chronic Disease Self-Management Coach
Rochester Regional Health - St. Lawrence Region

Agenda

Introductions

Our partners

Session 6: Centering Community Voices

Questions & answers



HANYS Care Connections Team



**Kathleen Rauch, RN, MSHQS,
BSN, CPHQ**

Vice President, Quality Advocacy,
Research and Innovation and
Post-acute and Continuing Care



Christina Miller-Foster, MPA

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Prevention
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Our partners



OUR FUNDER

Funding from the [Mother Cabrini Health Foundation](#) allows HANY to expand its capacity to provide education, direct support, tools and data to our members. With Care Connections, we strive to build hospital-community partnerships and share evidence-based chronic disease prevention and management strategies to address healthcare access barriers at the local level.



OUR PARTNER

DataGen®, Inc. develops custom analytics for participants to help them understand healthcare access barriers and the chronic disease burden in their communities so they can develop tailored interventions.

Finn Brigham, MS

Mr. Brigham is the VP of Programs at Callen-Lorde Community Health Center. He is going on 15 years at Callen-Lorde.

Mr. Brigham has been serving LGBTQ/HIV+ communities for 25 years. His experience includes joining the Board of Directors at The Ali Forney Center and the Young Leaders Council of The LGBT Center. He has been published in the Journal of Gay and Lesbian Mental Health and has presented on LGB and transgender health issues across the country, including at The White House. He is an out and proud transgender man.



Penny Rattan

Ms. Rattan has 60 years of professional experience in social work, nursing home administration, and substance use disorder administration. As a Certified Lifestyle Coach, she facilitates St. Lawrence Health's Chronic Disease Self-Management Education programs, helping individuals gain the skills and confidence to manage their health effectively.

Ms. Rattan is also a member of the SLH Patient and Family Advocacy Council. Her role helps ensure that patient and family voices are represented in healthcare decision-making.

Ms. Rattan's dedication to community health extends to her leadership on the SLH Foundation Board, where she serves as Treasurer. In her previous role as Chairperson, she played a key role in the development of the Cheel Medical Campus, as well as the expansion and relocation of the Center for Cancer Care to the main hospital campus.



Question 1

Why is it important for hospitals and health centers to include community members in the decision-making process?

Finn Brigham
Vice President, Program
Services

Penny Rattan
Chronic Disease Self-
Management Coach

Question 2

How do you find community members who want to help your organization improve?

What efforts are in place to include a variety of community voices?

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Penny Rattan
Chronic Disease Self-
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Question 3

How do you select which community members to bring into discussions?

How do you show them that their input is valued?

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Question 4

How can we move from "listening" to "co-design"?

What formal processes can we use to ensure programs are designed with the community rather than just for them?

Finn Brigham
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Services

Penny Rattan
Chronic Disease Self-
Management Coach

Question 5

How do you recommend compensating community members for their time?

Finn Brigham
Vice President, Program
Services

Question 6

Can you share an example of a change your organization made because of patient advocacy?

Finn Brigham
Vice President, Program
Services

Penny Rattan
Chronic Disease Self-
Management Coach

Question 7

In your experience, how do the community's concerns differ from the goals of the health system?

How are they alike?

Penny Rattan
Chronic Disease Self-
Management Coach

Question 8

Was there a time when your organization “got it wrong” or broke trust with the community?

How did you address the situation?

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Penny Rattan
Chronic Disease Self-
Management Coach

Question 9

What does “nothing about us without us” mean to you?

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Vice President, Program
Services

Penny Rattan
Chronic Disease Self-
Management Coach

Question 10

How do you share the ways community input influences hospital decisions?

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Vice President, Program
Services

Penny Rattan
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Recommended Reading

Partnership Building Toolkit

Section:

Centering Community Voices; and Advocacy as a Solution

Why these sections?

The toolkit addresses this topic directly! It also shares advocacy tactics to advance your work. Both sections are great pairings for today's discussion.



4. An office of community engagement is insufficient.
5. It doesn't start or end with a community advisory board.
6. Diversity is more than skin-deep.
7. There's more than one gay bar and "Black church" in your community.
8. Show your work.
9. If you're gonna do it, take your time, and do it right.
10. The project may be over, but the work is not.

Source: [Principles of Trustworthiness Toolkit](#), Association of American Medical Colleges

Centering Community Voices

Authentic community engagement is actionable and centers community voices. The disability activist motto "Nothing About Us Without Us" emphasizes that communities must be included in discussions and decision-making processes that affect them. Hospitals and health systems must ensure that community members can share their ideas, participate in decision-making conversations and create shared accountability structures. For hospitals and health systems, this may look like including community members on the Board of Directors or starting a Patient and Family Advisory Committee.

The Minnesota Department of Health encourages healthcare systems to:

- explicitly include and engage with those in poverty, communities of color, American Indians, immigrant communities, and others experiencing health inequities;
- go beyond forming intermittent relationships for the purposes of gaining feedback;
- seek to build and sustain lasting relationships; and
- be willing to listen and allow the community to lead the work.

Source: [Nothing About Us Without Us](#), Secretariat for the Convention on the Rights of Persons with Disabilities

Getting Started

Before engaging community partners, health systems should 'do their homework'. This involves assembling a planning team to focus on a specific need, thoughtfully identifying potential partners, and examining the history – good and bad – of engaging with these partners and their community.

1. Examine the institutional data to identify health disparities. Notice when patients within a specific demographic group have worse health outcomes than their peers.
2. Create an internal planning team. Consider inviting staff from the following departments:
 - a) population health and health equity;
 - b) community health;
 - c) social work and case management;

Upcoming session

Wednesday, April 15 | 10 – 11 a.m.

Extend your hospital's reach with community health workers

Community health workers help patients increase their health knowledge and self-sufficiency through outreach, community education, social support and advocacy. They typically share life experiences, language, race, ethnicity and/or socioeconomic status with the populations they serve. They can help bridge gaps between medically underserved populations and the healthcare system by building trusting relationships with each of their patients. In this session, panelists will share how your hospital can leverage CHWs to address chronic disease in community settings.



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Questions?

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