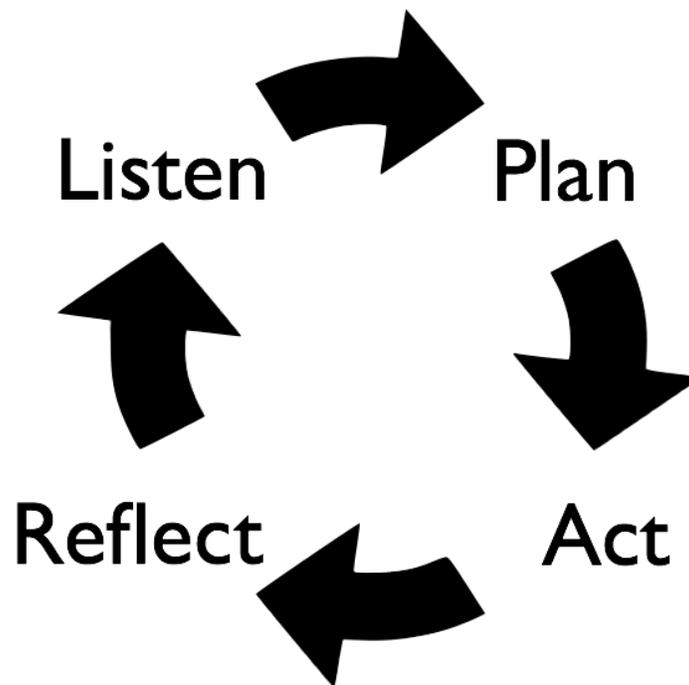


Program purpose and methodology

The Geiger/Hatch Health Equity Organizing Initiative is an innovative synthesis of community organizing and organizational development work applied to health education and health services. The initiative is focused on addressing health inequities broadly while centering oppressed communities.

Relational Organizing

The organizing cycle is the theory of change developed by the IAF and its regional affiliate the IAF-NW, the nation's oldest community organizing network. It is used to drive action in the world "as it is" to bring about the world "as it should be". Examples of the outcomes of the IAF approach include the development of the nation's first living wage ordinance by BUILD in Baltimore and the 2006 Massachusetts Universal Healthcare law by GBIO which became the model on which the Affordable Care Act was based.



Listen

The organizer meets with hundreds of community members through intentional one-on-one meetings. The focus of these meetings is to identify leaders with an appetite to build collective power to act and to understand what drives them. Once community leaders have been identified they are brought together in "house meetings" to build a collective identity and shared interests around health inequities. Through this process shared barriers and goals are identified and teams are formed to understand and develop a plan of action.

Plan

The planning phase of the organizing cycle focuses on understanding the local context of the problem to work to identify actionable issues. The organizer helps leaders identify and meet

with other community leaders and technical experts to understand the specifics of the problem and the opportunities to act. Through building relationships with community partners and understanding the scope of the problem, the action team is able to cut the problem into an actionable issue. Actionable issues are tangible changes that are deeply felt, meaningful and achievable given the power of the action team and community partners. Once an issue has been cut it is possible to identify who has the power to act.

Act

Cutting an issue helps identify decision-makers who can act to produce the desired outcome. Teams can then identify how to approach decision-makers and work with them to take action on the issue. How can the interests of the decision-maker be addressed to engage them to address the issue or hold them accountable to the interests of the community?

Reflect

Reflection is a critical part of understanding and growth in community organizing. Evaluation of the action allows the team to celebrate their successes and understand why they were or were not successful in their action and how they can build on these lessons. What new relationships have been developed on campus and in the community and how can they be strengthened further going forward. Because issues are always a partial solution to the problem, what does the team have the power to address next? Which new leaders have emerged and how will they be recognized, and given more opportunities for leadership?

Health Equity Circle

Health Equity Circles are student-led organizations that bring together students across disciplines to learn about health equity and community organizing and put this knowledge into action on campus and with community partners. Engaging students during their formative education allows health equity to become part of their developing professional identity and develops leadership capacity in both professional and civic capacities. Additionally, engagement in community organizing helps students maintain and/or build relationships with the communities they come from and maintain the connection to community that can be lost through the process of higher education and professionalization. The inter-professional nature of the HEC prepares students for collaboration across disciplines while ensuring a collective responsibility for health equity.

While the HEC is a student-led organization, the student leaders have recognized the need for their own professional organizing staff to help develop chapters, train leaders and support organizing campaigns.

The HEC regional organizer meets with students interested in health equity to develop a core team to start an HEC chapter. The initial work of the chapter is to work with their school to provide the “community organizing for health equity” course. This course was developed in collaboration with the IAF-NW, the nation’s oldest community organizing network. The class

provides students a base of knowledge of health equity and community organizing in an interdisciplinary setting and helps identify potential student leaders.

The regional organizer helps student leaders for action teams to work through the organizing cycle to build their collective power to act on campus and with community groups. It is this ongoing support and mentoring that guides leadership development and effective action through community collaboration. The organizer fills the same role for civic engagement as the clinical supervisor, who observes, guides, and corrects students as they learn to practice in their professional role.

The development of an HEC chapter creates the organizational vehicle for students to act on and develop their passion for health equity. HEC provides a learning laboratory for engagement with community partners, peer led leadership development and civic engagement. The HEC provides experiential education for students to incorporate health equity into their professional identity and the skills to act as future health professionals.

Clinic Organizing

Clinic organizing applies community organizing within healthcare and social service organizations as a means to expand the scope of their mission to address social determinants of health and equity. Because inequities cause real harm and suffering to real people it is necessary to provide services to those in need. However, many of the inequities faced by oppressed communities are not the fault of individual failure but are the result of systemic structures and lack of resources. This means that the individual provision of healthcare or social service programs will be ineffective at addressing root causes of inequities. Additionally, it is also important to recognize that if communities are only seen as recipients of professional services that they are locked in a system of dependency and their knowledge, abilities and talents are unengaged. This dependency is countered by the iron rule of relational organizing, “never, never do for others what they can do for themselves.”

Clinic organizing expands the capacity of the service organization by building teams of staff and patient leaders to come together and identify and address health inequities and leverage the power of their institution to work with community partners to enact change.

The role of the clinic organizer is to develop the institutional capacity to work through the organizing cycle. The organizer does one-to-one meetings with as many staff as possible to start to build a team of leaders. A referral system is also developed so that any patient or staff member can be referred to the clinic organizer by any staff member. Additionally, health equity champions are identified in every team or workgroup of the clinic. The role of the health equity champions is to update and engage their teams on health equity organizing in the clinic and share opportunities for involvement. Through these engagements a leadership team is developed that can work through the organizing cycle internally or externally with community partners.

The clinic organizer meets with community partners to identify shared interests and areas for potential collaboration. By working with community partners, the leadership team is able to build the collective power to act.

Narrative and Belonging

Health inequities are not only the product of allocation of resources but are maintained and supported by narratives that shape assumptions of values and worth in society. In addition, the narratives are focused on the beauty, power, gifts of the communities which is a shift from the typical deficit-based approaches that lead to an incomplete understanding of cultures and communities. Changing the narrative is an important part of centering the experience of oppressed communities and developing a culture of belonging in which all people are recognized and supported.

In keeping with the iron rule, communities must tell their own stories. The Narrative and Belonging lead works with the organizers and leaders to collect and record their personal history and experiences. These personal histories and experiences will inform the development of the team and how health education and clinic services are delivered to meet communities more competently and effectively.

The Narrative lead will develop a creative network of artists willing to develop projects focused on accurately communicating the lived experiences and stories of the community. Incorporating narratives into creative visual and artistic projects can help transform spaces from sterile and clinical experiences into inviting community spaces.

Partners

The Geiger/Hatch Health Equity Initiative builds on relationships that have been developed for nearly ten years across multiple community networks.

Organizing partners

Our community organizing partners have helped develop the concept of health equity organizing and the foundations of the Health Equity Circle and clinic-based organizing.

- Industrial Areas Foundation Northwest
- Health Equity Circle
 - Seattle, Spokane, Portland, Laramie, Denver, Bozeman
- OHSU RELATE Lab
- Metropolitan Alliance for Common Good
- Common Good Missoula
- Sound Alliance
- Spokane Alliance
- WSU HERO (Health Equity Racial Organizing) Initiative

Clinical partners

Our clinical partners have committed to working with the team to integrate clinic organizing into their organizations. Through working with these partners, we will develop and refine clinic

organizing as a scalable intervention to build civic capacity and community power to act on the social determinants of health and equity.

- CHAS Health
- OHSU Richmond clinic
- Partnership Health Center
- OHSU Family Medicine residency
- Swedish Family Medicine residency
- UW Internal Medicine residency
- WSU Everett Internal Medicine residency

Community partners

Our community partners have been developed through working with the IAF-NW and the Health Equity Circle. They are the leaders that we are organizing with to address issues identified by the community.

- MIA Mujeres In Action
- Health and Justice Recovery Alliance
- Hispanic Business/Professionals Association
- Latinos En Spokane
- The Learning Project
- YWCA Spokane
- APIC
- Spectrum
- Jewels Helping Hands
- NAACP Spokane
- Carl Maxey Center

Outcomes/Impact

Lasting changes requires the development of new ways of thinking and new organizations to support and develop them. The ultimate impact of this initiative is to test and refine new organizations to transform the way we envision health, health education and healthcare. This transformation will include the internal work of how we see and recognize each other as well as the external work of aligning resources and values to achieve health equity. While our community engaged evaluation process will allow organizers and healthcare and community partners to develop metrics for the initiative, we have outlined our programmatic outcomes below and attached a logic model.

Health

Health is much larger than healthcare. By engaging communities and developing community narratives of health our view of our communities and what makes them healthy will be expanded.

- Engage the following communities and their intersectionality
 - African American
 - Latinx
 - LGBTQAI2S+

- Native American
- Pacifica
- Asian
- Immigrant
- Disability
- Unhoused
- Justice system involved
- Develop creative network
- Develop narrative casebook
- Develop narrative development guide
- Develop culture of belonging training materials

Health Education

Developing the Health Equity Circle as an organizational vehicle for student leadership development and community collaboration will create the foundation for interdisciplinary health equity professionals. Health Equity Circle leaders will transform the bounds of their education and in so doing develop the capacity to transform health and social service organizations.

- Develop regional network of HEC chapters
- Develop health equity training curriculum
- Develop local and regional campaigns
- Integrate culture of belonging into health education
- Develop HEC organizing handbook

Healthcare

Incorporating clinic organizing will expand the capacity of healthcare organizations to fulfill their mission to improve health and their collaboration with community partners. Clinic organizing programs will also provide clinical educational opportunities for interdisciplinary health equity education.

- Develop clinic organizing programs
- Develop regional clinic organizing cohort
- Develop local and regional campaigns
- Develop clinical health equity educational opportunities
- Develop clinic organizing development guide

Evaluation/Dissemination

The Evaluation of this program utilizes an iterative community engaged process led by faculty researchers from WSU and OHSU with a history of research in health equity and community organizing. Development of evaluation metrics with the clinical organizing leadership team is being supported through a translational research grant. The outcome of this project will be to develop a research and evaluation program with community leaders. A similar process is underway with the HEC leadership.

A sensemaking team made up of program participants, organizers and research faculty will review these programs quarterly to assess the processes, outcomes, and narratives of the program.

Across the three years of the program a development guide will be developed to develop and disseminate best practices identified by the sensemaking team. This will help refine the model and provide more rapid scaling of future projects and incorporation of lessons learned.

Narratives will be incorporated into a history of the community and the project for dissemination in the community and to the public. The stories will also be developed and incorporated into case studies and patient presentations for health education and clinical training scenarios.

Timeline

Once the proposal has been selected but prior to funding we will focus on the following goals

- 1) Development of job description and hiring committees
- 2) Outreach to potential applicants
- 3) Evaluation proposal to IRB

Throughout the grant period the organizers will be taking part in the IAF-NW organizer cohort with weekly reflections, bi-weekly meetings with lead organizers and monthly cohort meetings.

Q1 2023

- Hiring, onboarding, and training of all staff positions

Q2 2023

HEC regional organizer

- 1:1 meetings with student leaders, faculty

Clinic Organizing

- Presentation to organizational staff
- Development of referral system
- 1:1 meetings with staff and organizational leaders

Narrative/Belonging

- Development of creative network

Evaluation

- Pre-surveys for new leaders

Q3 2023

HEC regional organizer

- Development of action teams
- 1:1 meetings with community partners
- Teaching community organizing for health equity course
- Recruitment

Clinic Organizing

- Development of leadership team

Narrative/Belonging

- Engagement with creative network
- Collection and recording of narratives

Evaluation

Introduction to evaluation program

Q4 2023

HEC regional organizer

- Development of action campaigns
- Leadership transition
- Chapter visits
- Develop HEC handbook

Clinic Organizing

- Development of core team
- 1:1 meetings with community partners
- Development of health equity champions

Narrative/Belonging

- Engagement with creative network
- Collection and recording of narratives
- Year one narrative history development

Evaluation

- Quarterly convening of sensemaking team

Q1 2024

HEC regional organizer

- Support of action campaigns
- Teaching community organizing for health equity course
- Development of new chapters
- Chapter visits

Clinic Organizing

- Development of action team
- Development of community collaborations
- Support of clinic organizer network
- Support of health equity champions

Narrative/Belonging

- Engagement with creative network
- Collection and recording of narratives
- Development of educational narratives

Evaluation

- Quarterly convening of sensemaking team

Q2 2024

HEC regional organizer

- HEC summit

- Support action campaigns
- Development of new chapters
- Chapter visits

Clinic Organizing

- Development of campaign
- Support of clinic organizer network
- Support of health equity champions

Narrative/Belonging

- Engagement with creative network
- Collection and recording of narratives
- Development of educational narratives

Evaluation

- Quarterly convening of sensemaking team

Q3 2024

HEC regional organizer

- Development of action campaigns
- Leadership transition
- Chapter visits

Clinic Organizing

- Development of campaign
- Support of clinic organizer network
- Support of health equity champions

Narrative/Belonging

- Engagement with creative network
- Collection and recording of narratives
- Development of educational narratives

Evaluation

- Quarterly convening of sensemaking team

Q4 2024

HEC regional organizer

- Development of action campaigns
- Leadership transition
- Chapter visits

Clinic Organizing

- Development of campaign
- Support of clinic organizer network
- Support of health equity champions

Narrative/Belonging

- Engagement with creative network
- Collection and recording of narratives
- Year 2 narrative history
- Development of educational narratives

Evaluation

- Quarterly convening of sensemaking team

Q1 2025

HEC regional organizer

- Support of action campaigns
- Teaching community organizing for health equity course
- Development of new chapters
- Chapter visits

Clinic Organizing

- Development of campaign
- Support of clinic organizer network
- Support of health equity champions

Narrative/Belonging

- Engagement with creative network
- Collection and recording of narratives
- Development of educational narratives

Evaluation

- Quarterly convening of sensemaking team

Q2 2025

HEC regional organizer

- HEC summit
- Support action campaigns
- Development of new chapters
- Chapter visits

Clinic Organizing

- Campaign completion and evaluation
- Clinic organizing development guide

Narrative/Belonging

- Development of community history
- Incorporation of narrative into education and trainings through narrative casebook

Evaluation

- Development of program guide
- Synthesis of program evaluation

Geiger/Hatch Logic Model

