Root Cause Analysis

Episode 2: Systems Change Through Community Engagement

Guest:

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Seth Neeley (SN): Welcome to Ideas For Practice, a podcast of the Region V Public Health Training Center. As one of 10 public health training centers across the country, the RVPHTC seeks to strengthen the skills of the current and future public health workforce in order to improve population health outcomes. We hope this podcast will share insights and spark ideas among those working in public health practice. Thank you for tuning in to our episode. This is part of a series where we'll be talking all about the importance of focusing on root causes of health and public health policy and advocacy efforts. I'm your host, Seth Neely. Our guest today is Stephanie Salazar-Rodriguez, owner and lead trainer of Blazing Cloud Consulting LLC. Today, Stephanie is here to talk with us about this complex topic. Welcome to the podcast. I'm excited to speak with you today.

Stephanie Salazar-Rodriguez (SS): Absolutely. And first and foremost, thank you so much for inviting me to be part of this podcast series.

SN: Can you start by telling us a little about yourself and about your work?

SS: As previously stated, I'm the owner and lead trainer of Blazing Cloud Consulting. I am located in Denver, Colorado, and most of my work is in the Seven-County Metro Area and parts of the Front Range area. Additionally though, through community referrals, I have also been invited to work in other parts of the country throughout the lower 48 states. My background is, I possess a master's in public health and a master's in nonprofit management, and I'm a certified paralegal. I come from a second generation native of Denver background, and I come from a mixed Latino and Native American familia background. My beginnings are very humble as my parents were agriculture farm workers, and they were denied a formal education because they were required to toil in the fields from sun up to sun down just to help support their families. I am the first in my family to graduate high school and go on to college and then earn two advanced degrees.

My career includes over 30 years working to honor and respect and enhance community participation through authentic community engagement while addressing justice, equity, diversity, and inclusion. Through many years of hardworking commitment, I have earned the title of a trusted community leader, a community connector, or a community advisor. Additionally, I am bilingual and I'm a trained community health worker, or in the Latino community, it's called Promotora de salud. In the early 1980s when I was just outta high school, I took my first job in a nonprofit organization. The job was working with veterans who were fresh out of Vietnam and they were seeking various services, including health, mental health, and employment services. There were little to no resources available, so I became the resource. Soon the word got out in community that I was assisting veterans, and that is what has helped propel my work and to being considered a trusted community leader.

SS: As a small consulting business owner, I pride myself in addressing emerging public health issues. This includes being on the ground at every facet of the Covid-19 pandemic, addressing the current opioid overdose epidemic, food insecurity, domestic violence, working with the unique needs of the aging population, providing holistic health and human services, the complex needs of the immigrant population, including undocumented, and also how individuals can access health insurance and give them some information about how to be able to acquire the services once they have health insurance. The priority of my work includes addressing health inequities in the Latino and Native American indigenous communities, including both the American born Latino and the Spanish speaking immigrants. Through mentorship opportunities and elevating the voices of community members, it is my goal to coach and train the next generation of trusted community leaders.

SN: That work sounds very important. As you know, this podcast series is focused on aspects of systems change and illustrating how public health practitioners can engage their partners and community in dialogue to address root causes of health inequities. Why is taking that approach so important?

SS: In my opinion, system change may require a complete paradigm shift that will not only allow us to promote authentic community engagement and leadership development, but it will also change policies to ensure that there's funding for community engagement and that community is included in all facets of public health. This includes prioritizing community engagement by training the current public health workforce to understand the urgency and the need to develop and foster community engagement and build it into long-term sustainability plans. Without long-term sustainability planning, community engagement will not be able to continue. Many times representatives from organizations will tell me that there are obstacles to community engagement and that there is not funding. My response is, if community engagement is a priority, you must build it into your budget. If not, you are truly not ready for this important undertaking.

People frequently ask me to define community. In my opinion, the definition can be different for everyone. For me, personally, community is many things. It is the community I grew up in, the community that I've worked in, the community that I studied and contributed to, and anyone who shows up to the table and wants to be part of the community engagement process. This includes family, extended relatives, anyone who benefits from the work that I do, and countless individuals who are related to me by love.

SN: That's quite a list. What can you tell us about the importance of understanding lived experience in order to understand data and community challenges?

SS: This is a great question and has many, many facets.

SS: First, it is imperative to include a diverse range of community representatives in all aspects of the dialogue to address root causes to public health inequities as they are the individuals with lived and living experience, and they're keenly aware of the shared risk and protective factors and what it will take to help mitigate health inequities. Without input from the community who have experienced systemic and structural inequities, the root causes of health inequities will continue to plague high needs and under-resourced communities, which will only further the divide and defeat the purpose of addressing health inequities. I have recently discovered a resource of an amazing woman who is a renowned public health researcher and practitioner. Her name is Dr. Arline Geronimus. She has committed 30 years of research to go beyond social determinants of health and health equity.

She has written a book called Weathering: The Extraordinary Stress of Ordinary Life on the Body in an Unjust Society. Quite a title, right? She was recently featured on NPR and she provided many insightful thoughts on this topic. I wanna just tell you a few things that really resonated with me. First and foremost, she describes weathering as the ongoing stressors on a daily basis with no time to recover, which intensifies things like sugars and fats that contribute to psychological and physiological comorbidities. This was designed by a structure of systemic racism and economic exploitation. Again, these are her words, the psychological stressors internally age our bodies. She addressed the experience of the Native Americans whose land was stolen and how the government forbade their cultural practices by cutting their hair, sending them to boarding schools all under the guise of, "Kill the savage to save the man."

She also discusses the impact of slavery on black Americans, the Japanese internment camps, survivors of the Holocaust, the paralyzing immigration issues resulting in undocumented immigrants, forced sterilization of Latina women and other examples. She also attributes weathering to the increase in maternal mortality of black women, and she used an example of Serena Williams. Even though Serena was extremely fit and had ample financial resources, she still nearly died in childbirth. Just yesterday, another young black athlete died as a result of complications in childbirth, and she happened to be a young black woman. So this is another example of what's happening with maternal mortality. The next point I wanna talk about is addressing root causes takes a comprehensive approach to understanding community challenges and strengths. For approximately the past 10 years, I have been invited to sit on several community advisory panels to address specific public health challenges, which has included addressing major chronic conditions with a priority, incorporating authentic community engagement.

This has given me an opportunity to speak my truth and offer my knowledge, wisdom, and perspective. On many of the panels I have been asked to recruit community members who can also share their knowledge and lived experience. These panels have given the community a platform to share their experiences with public health practitioners, which ultimately provides real life experience or real life challenges, and gives us an alternative way of thinking that is not taught in traditional public health classes.

SS: This is very important. In my experience, the best results we have received when collecting data has been when the data collectors mirror the community that they serve. In the work that I do, we have experienced up to a 90% participant rate when conducting surveys and or focus groups. This extremely enhances the data collection and ensures community voices and participation is included. This is all about mirroring.

SN: That's very interesting. What issues result from public health/healthcare not mirroring people they serve demographically? And how do we better recruit a diverse workforce?

SS: Wow, isn't that amazing? I just talked about mirroring in the question before, right? In my opinion, without mirroring the community that they serve, all public health emerging issues will result in less effective methods to address public healthcare and continue to accept the status quo. I really believe that it is imperative to recruit, train, and retain individuals who demographically reflect the communities they serve. This facilitates an understanding of what the communities are facing and promotes the ability to better self-manage issues in their respective communities. The recruitment of demographically diverse people is a key to success in serving BIPOC communities, Black, Indigenous, People of Color. To address recruitment of a more diverse workforce, it can be challenging and it requires buy-in and promotion from the top down. This also will require a genuine commitment to understanding the value and embracing new and different ideas and skills.

Many times when community members are looking for employment opportunities, they frequently reach out to trusted leaders and inquire about the internal culture of an organization to ensure that their skill set will not only be welcomed, but will also be cultivated. This includes providing a salary differential for individuals who speak languages other than English, provides internal role models or coaches, and will also offer professional development opportunities. To address workforce shortages, many organizations have recognized the value of community health workers, Promotoras de salud, which I previously discussed, and our peer recovery coach model. In general, this workforce can be trained in a shorter period of time than the time it takes to earn a traditional four year degree, and they possess a wealth of knowledge as it pertains to the needs of their communities. This includes them understanding the structural and systemic racism, historical and generational trauma and adverse childhood experiences that many BIPOC folks have experienced.

Additionally, in general, the organizations who have experienced the most success in recruiting diverse populations have developed a comprehensive recruitment plan. This includes recruitment from non-traditional sources and word of mouth. People come to me all the time when they are recruiting and ask me how they can better recruit communities of color. Many organizations have hired consultants or they have even formed community advisory panels. These mechanisms serve as a conduit to the community and greatly enhance the recruitment efforts. Additionally, many organizations are recruiting straight outta colleges and universities that serve the BIPOC communities. However, in my opinion, word of mouth is often one of the most successful recruitment tools that organizations can utilize.

SN: Yeah, you make a really good point. Can you share an example of how you have engaged community and agencies together to better understand the community issues?

SS: Yes, absolutely. As I stated earlier, you know, successful community engagement, you must commit the time and the effort to learn about who are the trusted community leaders. This requires being consistent in showing up in community. People ask me all the time, how do you do this? How do you do this? And I say, you show up, you show up, and you show up again. While you show up, this really promotes the work of community-based organization and community leaders. Historically, there have been many generations of mistrust with government entities, including public health. Rebuilding trust is not easy or fast. That is why one of the most important factors is to identify trusted leaders who can bring you into the circle. Just a couple of days ago, I was working with a huge hospital system here in Denver, and we were talking about some of the work that we're doing in the opioid crisis, and the woman said to me, I wished more people of color would come in and access services.

And she said, do you know why they don't? And I said, absolutely. The number one reason is mistrust with government entities. So, one of my most recent experiences I have is with the Colorado House Institute. We have an initiative that's called the Metro Denver Partnership for Health Social Health Information Exchange, or we call it S-HIE, it's a project to address the issues of providing holistic services for patients and clients in both health and social service arenas. As a trusted community leader, I was contracted with CHI as their community engagement advisor. One of my key duties and responsibilities was to identify and recruit community board members from various communities in the Denver metro area to address improving patient's experience and mitigating the need for them to tell their stories over and over to multiple providers. I have worked collectively with the CHI staff to intentionally, intentionally, recruit a diverse community board, which includes individuals with lived and living experience from various races and ethnic backgrounds.

It includes elders, youth, representatives from the LGBTQI community, unhoused individuals, individuals with varying abilities, former gang members and individuals reentering from incarceration. We set out, our goal was to make sure that that happened. We decided that what our priorities were, and these were the priorities that we thought we needed in this project. Again, people with lived and living experiences. This project intentionally built into their budget funds to adequately compensate community board members for their time and expertise, and they also provide professional development opportunities, allowing them to participate in various conferences and summits. For me, it is a deal breaker when organizations do not build funds into a project to adequately compensate the community. The first question I ask when I'm offered community engagement work is about community compensation. If there is no funding to compensate the community, they're not prepared to fully buy into the importance of authentic community engagement.

SS: And I have turned down many opportunities because these organizations were not ready or not willing to compensate community members. But in this particular project, my work also includes coaching the CHI staff with regular meetings to better understand community issues through input and experience from myself and the community board members that we recruited. It also included gathering input directly from community members by conducting outreach, support and facilitation of three community listening sessions. We have three focus groups; two were in English and one was in Spanish. All of the groups were hosted by trusted community organizations, who they too were compensated for the use of their space. All of the groups were held in the evening to allow for greater participation. This is something that is critically important, to host these events when community members are available. This includes evenings, weekends.

For these particular groups, we provide a complimentary dinner, we welcome participants to bring their children, and we offer adequate compensation. The focus group questions were designed by the CHI staff with input from partners and myself. We intentionally kept the number of questions to a minimum in order to allow ample time for all individual voices to be heard. You all asked me some of the examples of questions that we asked, and so here are some of the examples. We asked, what are the greatest barriers to meeting your health and basic needs? What is the best way for community-based organizations, health systems, and local public health departments to interact with you and your community to provide services and support? The third question was, does your community have a trusted leader or organization that people rely on to solve health and basic needs or to help you find other help?

Next was, how are these leaders or organizations building trust with you? Again, trust, we've talked about that quite a bit. What are the barriers for you becoming more active in the community as leaders? And lastly, in your mind, what does a thriving community look like? So, we had some consistent themes from all of the groups that reinforced the importance of truly listening to their comments. One of the first things they talked about was barriers and lack of available medical providers and excessive wait times to schedule appointments. They also talked about not being treated with respect by the providers. They extensively discussed being required to tell their stories over and over, which contributes to re-traumatization. They talked about language barriers for individuals whose first language is other than English. They also talked about lack of resources for populations who are in this country undocumented. They discussed the inability to fully participate in community activities, which was related to lack of adequate compensation, lack of childcare, time away from work or family, and/or lack of transportation.

Many of the participants shared with us that they knew where to go for assistance or how to find trusted leaders, but there was also a small number of individuals who stated they did not know how to find trusted leaders. Additionally, the board members and myself were asked to review a draft community engagement plan that was developed through their contributions over the past year.

SS: Lastly, my work also includes identifying and attending relevant community engagement events to promote the initiative and gain input from the Metro Denver S-HIE partner organizations. We're just finishing the first year and looking for funding for year two, which we are very optimistic that that will happen.

SN: Great to hear that story. In that example, did you use any particular strategies or exercises to narrow in on the factors contributing to the issues? What did that look like in practice?

SS: Great question. As I previously mentioned, the strategies that we used primarily were to ensure that we held monthly community board meetings, professional development events, and involvement in the drafting of the community engagement plan. As we drafted the plan, each member of the committee was given the opportunity to edit the plan by each section, so their input was really valued. I was also asked to do that, and we compensated them for a specific number of hours each time they were involved in the plan and even in the editing piece of it. In general, we provided them compensation for up to like three to five hours. So far, the outcomes of the dialogue and the work that has been undertaken, we've had some mixed results. The community members were given the opportunity to provide honest and transparent feedback via the mechanisms that we just talked about, which resulted in a very robust conversation, and each meeting we were learning experiences from the board and the project leads.

We utilized a modified meeting process called The Circle Way. I'm not sure if you've heard of that, but the Circle Way is designed to enhance meaningful conversation. Because the majority of the meetings were virtual, we could not fully incorporate all of the practices of the Circle Way, but we were able to provide a facilitator and a guardian, and embrace the ideas that there is a leader in every chair. I'd encourage you to look into this. It's really an amazing, amazing concept about how it is utilized in meetings. There was often extensive conversations and feedback from the board that have been utilized and incorporated directly into development of the agendas for the monthly board meetings, for the one-on-one meetings with the staff, and as previously mentioned, the draft community engagement plan. As I stated earlier, since the plan is still in draft, we're currently working toward a final iteration, so there's still more work to be done.

SN: I have a question that'll hopefully expand on that a little further. What was the outcome of that dialogue and work?

SS: In my opinion, one of the most important positive factors has been the opportunity to identify and recruit community board members to be part of this initiative. As I stated earlier, this has facilitated the opportunity to share their lived and living experiences. Additionally, the coaching of the CHI staff and partner staff has been very, very impactful as it has given them an opportunity to learn directly from the community members. So far, the outcomes of the dialogue and work that has been undertaken has been well received by the staff and the voices of the community members have been heard.

SS: The coaching of the CHI staff and partner staff has been very successful and impactful. Because the community engagement plan and implementation of the project is still under development, it's a little too early to determine the final outcome of the work that we have undertaken in the past year, but I'm really, really confident that we will have some very positive results because the work so far has been amazing.

This is a classic example of why it is so important to have multi-year funding for projects and not just one year and done. Personally, I believe the idea of pilot programs is an antiquated idea, as one year for any project is not ample. Yes, there are lots of valuable lessons to be learned from the first year. Without multi-year funding, the project will never realize its full potential and can result in an exercise in futility. That's why earlier I talked about the commitment to funding and sustainability; it's so important in these types of projects.

SN: Speaking more generally, what happens after root causes have been identified in order to address health inequities and systems change?

SS: Wow, this is an amazing question. First, I'd like to discuss the importance of what happens after root causes have been identified, and activities to move forward, and strategies that promote community healing, as I believe it is imperative to reconcile, offer solutions, and move forward once they've been identified. In my opinion, identifying root causes is just the start of moving toward positive health outcomes and wellness. The next step is to understand and promote the importance of providing culturally and linguistically healing opportunities. The BIPOC communities have been forced to be resilient, and this is demonstrated by the over 500 years of survival after colonization. Very recently, I attended an indigenous public health cohort convening. This convening offered significant insights on what is going on in Indian country as it pertains to reconciliation, healing, and wellness. This can be specifically addressed by current strength-based programming on various Native American reservations.

For example, on the Pine Ridge Indian Reservation, they built a buffalo processing plant that not only takes them back to their roots, but it provides a healthier option to eating red meat. It provides jobs for tribal members and healing opportunities. On other reservations and in urban Latino communities, they have implemented growing their own culturally appropriate food and implemented community gardening. They promoted sewing circles, bead making, basket weaving, theater groups, walking groups, youth violence prevention activities. These are just some examples of successful healing activities that individuals have undertaken in their respective communities.

Next, as I previously have mentioned, is to fully fund organizations with multi-year funding, organizations who are trusted leaders and have a successful track record of how to design and implement culturally based healing activities and programs. There are countless organizations who are doing this work, but many lack adequate funding. There is an indigenous public health model program located in Bangor, Maine. It's called the Wabanaki Public Health and Wellness. The organization has comprehensive programs and believes there is "room for everyone."

SS: They provide healing and recovery, health and wellness, community and land wellness, cultural connectedness, and supportive services. In Colorado, there's a multi-service organization assisting the Latino community. There are other organizations in Denver doing hard work like Lifespan Local and Lifeline Colorado. These organizations are doing amazing holistic work and offering internal healing opportunities. As previously stated, it is important to be an advocate or accomplice to promote the urgency of providing strength-based problem solving, healing and wellness programs led by experts who know the work of the communities that they serve.

SN: Yeah, you make a really good point. We often hear that public health and healthcare professionals understand the ideas of root causes, the social determinants of health, and the need for policy and advocacy, but they don't know what they can do as an individual. What can they do to make a difference?

SS: Thanks, Seth. This is a great, great question, and it has so many parts to it. First and foremost, Seth, thank you so much for asking this question. For me personally, I do not use the term social determinants of health. I use the term social and economic barriers, because in my opinion, the term determinants has an onus on the individual, and I really believe that it's important that we make sure that we address all facets of root causes. There are countless things that individuals can do to make a difference and have an impact to address root causes. First and foremost, individuals must understand the need for them to personally become more involved in public health as passion projects. This will encourage them to be vocal and to understand just how important their voices are. As I said earlier, they can show up, show up, and show up again as advocates and accomplices at every table they're invited and to ensure that other unheard of voices are also invited to the tables.

If organizations do not have relationship with community leaders, they have a couple of options. First, they can contact their churches or community-based organizations, or groups at colleges or universities, or even via social media. Generally, someone from each of these organizations are affiliated with a trusted community member who will be willing to introduce them to community. Sometimes we just don't know who those trusted community leaders are. Next, they can send out internal communications at their organizations asking for contacts or assistance in starting or expanding their community engagement work. They can also post information in newsletters or follow the newsletters of other organizations. I follow so many newsletters and there's so many opportunities to identify trusted community leaders. Because I've been doing this work for so long, this was a foreign concept to me of not having a trusted community leader, but as I've met with other groups, it is more common than I thought, so thank you so much for asking that question, Seth.

The next piece of it is authentic community engagement can be a challenging undertaking. For many organizations, this is a new concept and they may not know where to start. The first step is to identify at least one individual in your own circle who has connections to the community.

SS: You can reach out to these individuals to inquire about their willingness and availability to help identify trusted leaders. A lot of people do it through their faith-based organizations. Many, many years ago when I first started this work, I too had no idea where to start. Then I experienced a light bulb moment and thought, wow, how about I reach out to my family members and members of my inner circle? I invited a few of these people to lunch and I talked to them about my ideas and the goal of increasing community engagement. Several people expressed interest in reaching out to their circle to share potential opportunities.

Still today, I have very successful lunch meetings when discussing the ongoing importance of community engagement. As a matter of fact, I have one of those meetings today. Since I have been doing this work for so long, I have a vast network throughout the state. Nevertheless, if I work in a community that I am unfamiliar with, I contact someone in my circle who lives or works in the new community, and I ask them to make an introduction. Last fall, one of my projects, we had an idea to host a community event in one of our mountain communities. I had never worked in this community before. I researched the community-based organizations in the area, and I found an organization that one of my colleagues had worked with on another project. She sent an email intro and set up a warm handoff. As a result of that contact, it opened the door for us to work with at least four organizations who helped us plan and implement a very successful community engagement event.

Since we had a limited budget, I reached out to others in my circle and I sought out donations to distribute at the event. We collected school supplies, gloves and hats, sporting equipment, board games, and other outdoor activity items. I asked the community, what does your community need? And as a mountain community, they said gloves, hats, sporting equipment. So I did not make an assumption on what they needed, I asked them. This allowed us to give away items that we had not budgeted for. We also provided various types of gift cards, food and education. The event was very successful and we were happy to provide resources in a high needs and under-resourced community. Now we have ongoing communication with this community-based organization and we have recruited one of their staff members to be part of a group who addresses food insecurity. Also, we talk about speaking up and offering opportunities when we hear individuals using the bootstrap mentality dialogue or placing the onus solely on the individuals without addressing the structural and systemic racism.

This starts at an individual level and continues at our places of employment, moves to questioning the status quo at local public health agencies and other organizations. Next, is to encourage agencies and hold them accountable to awarding contracts and grants to BIPOC community-based organization and community members. I also encourage them to volunteer in community events, donate funds, sponsor community events, create leadership opportunities for community members, and elevate the voices of the community members. Even though I am a small organization, I sponsor several community events annually to make sure that I continue to support the organizations and show up. We also encourage employers to hire culturally and linguistically competent staff. This can promote language justice at all the tables we sit. We can advocate with local, state, and federal government entities.

SS: We can send letters to our local national legislators. We can testify before state and national congress, or advocate in any way that is allowable by our employers. It's very important that we educate ourselves on understanding the difference between advocacy and lobbying. This list is not exhaustive as there are countless things individuals can do to make a difference. They can also connect with community leaders like myself who can help guide them on their journey. As stated, in most communities, there are already trusted community leaders.

SN: Thank you for such a comprehensive response. As we wrap up today, would you mind sharing something that you keep in your mind and in your heart in your everyday work?

SS: Wow. This is something that is very important to me and is a passion project. In order to effectively address public health issues, each one of us plays a very important role. Remember, we must all recognize our own privilege, power, and advantage, and be willing to identify our blind spots in order to ensure that we do not contribute to trauma, shame and disempowerment. Keep in mind that everyone comes to the table with their own experiences, strengths, and areas of improvement. Be gentle, as we have no clue what others are experiencing.

SN: Thank you so much for joining us today to share your experiences and provide some insight on this topic. To our listeners, we hope you've learned some new concepts about the importance of engaging community and root cause analysis today. We encourage you to check out the full transcript and resources in the podcast notes. Funding for this podcast is provided by the Health Resources and Services Administration. With that, we'll end here for today. Stay safe and stay curious everyone.

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