

HEA Cohort Regional Meetings Health Equity Summit in Grand County

The health and human resource committee (HHRC) is really interested in hosting a series of regional meetings in Grand County.

1. What does it look like to build the field within our local/regional context?
 - a. This includes education and awareness of the importance of equity beyond the partners in the HHRC. We are thinking specifically of two sects: affected population (Summit 1); and business owners and community decision makers, along with affected population (Summit 2).
 - i. Our end goal is primarily awareness and education of equity, but also to have people connect the importance of health and human services in creating a thriving community. And even more importantly to better understand and support the people upon whom we build our economy.
 1. Secondary goal 1: We also want to begin creating collective culture and power.
 2. Secondary goal 2: have an outcome of Summit 2 be statistics, data, talking points, and appreciation.
 3. Secondary goal 3: Activate transitional leadership in affected communities.
 4. Secondary goal 4: Call to action in Summit 2 that garners community champions in equity.
 - b. We love the phrasing that the early childhood councils used and want to use something similar. “Everyone depends on someone who depends on: childcare; affordable housing; sustainable wages; etc.
 - c. We also love the idea of “I see you, do you see me?” Kind of focusing on the fact that equity is everyone’s issue.
2. How do you imagine engaging those within your network?
 - a. We will ask for some key folks to help in planning the events - decision makers and affected community.
 - b. We are thinking of two summits: Summit 1 in the spring (June time frame ideally) for the affected populations - specifically clients, seniors, Hispanic population - two 2-hour summits. In addition, one of these summits will be preceded by a 2 hour training for the HHRC and partners to better understand the systems that impact poverty; Summit 2 in the fall (September/Oct) to bring together affected population and community leaders - one 4-hour summit.
 - c. Ultimate conversation is “What does it take to have a healthy and thriving community?”
 - ii. The purpose of the first summit would be to fully engage affected populations, activate the communities, and identify leaders, as well as hear what truly impacts them regarding equity. We will then work with the identified community leaders over the summer to provide them tools to feel confident in interacting with the business community leaders during Summit 2.
 - a. This would be a community dialogue.
 - b. We would host 2 summits for this population - one in Granby or Fraser and one in Kremmling. We would provide childcare and need a bidirectional English/Spanish translator.
 - iii. The purpose of the second would be to meet our goals.
 - iv. We are envisioning the second summit to very much be informed by the first. But we would have a key note and facilitator set the stage, then at some point break into round tables to create talking points around topic areas identified in the first summit. Examples could be: aging well, transport and housing, childcare, mental health; homelessness (what does it look like here? 7% of

housing deemed unlivable yet people live there; McKinney Vinto in schools). We know that all people are craving knowledge and talking points and think if we can help them create something (that we would then pull together), we could make this an effective regional meeting.

- a. We will discuss ROI for businesses to treat people with dignity and respect; why it is important right now (making the business case for investing in their employees and the community). We can partner with Health Links to do this.
 - b. We will also provide a business equity toolkit to create equitable business practices in their businesses. Something they can take home immediately.
2. What do you need to make it happen?
- a. Funding for the consultants and event coordination - like a key note speaker at each. We have some ideas from people in CO. Outside facilitator to run each meeting and do some preplanning with us. And then the summit location and meeting expenses, as well as general advertising for the summit itself (although we would do mostly personal invites).
 - b. We also thinking having some key funders attend - TCT, Buell, Anschutz, USDA, TCHF, CFC, as well as CDPHE health equity department, OBA, HCPF.
 - c. We also will need translation services, facilitator, meeting space, marketing / printing materials, meeting expenses, and childcare funding.
Idea
3. What actions or next steps will you take to move this forward
- a. We are still working to connect with a keynote speaker. We are looking at Dr. Nita Mosby. I have a couple of people who have reached out to her.
 - b. I've discussed both this model and the transformative leadership training with Katie and Alice. They both think this is an excellent model and offered a few suggestions.
 - c. I wonder if Alice and Katie could help with the comparable example - they did that Health Equity Learning Series a couple of years ago which really set a good foundation for some grants their community has gone after and work happening now. You might also connect with Sarah Hernandez at CDPHE Office of Health Equity - she is planning that HE summit in Pueblo April 30, and while that's a statewide focus they are bringing in other issue areas.

Business equity toolkit preparation.

Jackson County - ???? - If so, add additional expenses for affected populations.

What are the outcomes we want with the transformational leadership training?

- Gaining the confidence in the skills, knowledge and expertise they