

Unintended Consequences of CCHC Systems Development
Identified by participants in CCHC Summit 4
October 23, 2019

- It's important to include communities that are being impacted directly by health care disparities, so that the outcomes are being viewed through a racial equity lens
- Impact of gentrification (general socioeconomics neighborhoods) services, job assignments, relationship holders may need to move/adapt from year to year
- Risk of un-useful/inappropriate cross-comparison of models (by Cardea) since models are so different
- How will we ensure CCHC's are in equitable, living wage jobs? Needs to be low cost/free for providers and don't want to build a system w CCHC's making poverty wages
- Because getting provider voices to the table—especially those who suffer from the inequities the most—is hard, how can we ensure that we are not going to end up with a system that leaves them out again?
- Much of the content (strategies, outcomes, goals) are/have been generated based on whom/which organizations have been participating in the summits. How do we reckon with/account for who is not present/represented? How do we prevent re-creating based on what we know, that may unintentionally perpetuate present inequitable practices? Possibilities: continue inviting “in” provider voices (i.e. today's videos), intentional facilitation of provider summit to decenter top-down/systems-driven process and biases
- Are the time constraints of this process really the driver versus commitment to developing an equitable system?
- Is the system that we are developing truly supportive of FFN caregivers?
- Have we clearly articulated the value of a multidisciplinary team? If not, what are the unintended consequences?
- How will implementation of this plan ensure that the agencies and communities who are in need of the most resources are treated equitably and in a timely manner?
- Language Access—ask about dialects. Provide a drop-down option for dialects (spoken and written) when collecting data.
 - i.e. Somali has two major dialects:
 - Maxaa Tiri – is more common
 - Maay Maay – spoken by a large population of the Somali community
- Logic model: equity may have been lost. How are we holding ourselves accountable?

Checking our assumptions

- Understand gender dynamics – If it is a woman who needs interpretation, don't send a man if that's not appropriate for her culture
- Language—long term goal of better representation
- BSK service programs and evaluation can act as formal recognition of the value of different types of experience and expertise needed
 - Won't be all inclusive, but it is a start and can show us where to look deeper
- Language—use existing Seattle-King County Public Health department translated docs and translation services
- More use of community health workers and multidisciplinary team