

From DCPCA statement on eliminating racial injustice (June 2020)

Substantial scientific evidence documents the astoundingly negative impact on the physical, mental and emotional well-being of individuals who are involved in, are witnesses to, and are victims of lifelong and generational violence, racism and injustice.

We commit to realizing the right of every person to have a full and healthy life -- free from violence, fear and despair.



# Quality of Life and Self-Perceived Well-being



- “Cantril’s Ladder” – highly validated tool in use by Gallup since 1965
- These categories correlate with morbidity, mortality, cost, and worker productivity in a way that is important for driving meaningful improvement in health, well-being, and societal outcomes

**On which step of the ladder would you say you personally feel you stand at this time?**

Worst possible 0 1 2 3 4 5 6 7 8 9 10 Best possible

**On which step do you think you will stand about five years from now?**

Worst possible 0 1 2 3 4 5 6 7 8 9 10 Best possible

# Power of Shared Measurement

Shared measurement has the power to create change in systems' policies and practices and shift power to communities by:

- Defining collective goals and mobilizing collective action
- Monitoring progress toward goals and evaluating success
- Generating buy-in and trust among different systems and communities
- Creating benchmarks for accountability and shared learning



# Ward 8 Community Economic Development Planning Process

## Community Engagement Plan

### Steering Committee

- Martha's Table
- UPO Advocacy Advisory Council
- ANC 8C
- Anacostia Coordinating Council
- Developing Economic Opportunities
- National Children's Center
- Bread for the City
- Redbrick LMD
- DC Primary Care Association

### Steering Committee

- ANC 8A
- Congress Heights CTDC
- Ward 8 Faith Leaders
- City First Bank
- Anacostia Business Improvement District
- Ward 8 Health Council
- Whitman-Walker Health
- Far Southeast Family Support Collaborative
- Office of Ward 8 Councilmember Trayon White

### Project Management Team

Develops governance, vision and strategy on behalf of steering committee and residents.

★ Iterative data collection process to capture the voice of the community on important quality of life issues

Governance, Vision, and Strategy  
October 2019-June 2020

WE ARE HERE

### PARTNERS

Community organizations, businesses, and stakeholders in community economic development planning

### DATA COLLECTORS

Leaders embedded in community organizations like ANCs, civic associations, tenant associations, faith and educational institutions, nonprofits, or businesses

### COMMUNITY MEMBERS REACHED THROUGH DATA COLLECTION

Data collectors will recruit community members with context expertise (particularly youth, seniors, and returning citizens, as well as people experiencing heightened health risk) to participate in data collection using Streetwyze platform. Community members will be invited to participate in subcommittees alongside subject matter experts to drive the development of CED strategies

Action Planning/Co-design

Common Agenda Setting

### Working Principles for Health Justice & Racial Equity

1. Act with care
2. Inclusivity
3. Authentic community collaboration
4. Sustainable solutions
5. Commitment to transform

Community Engagement Training

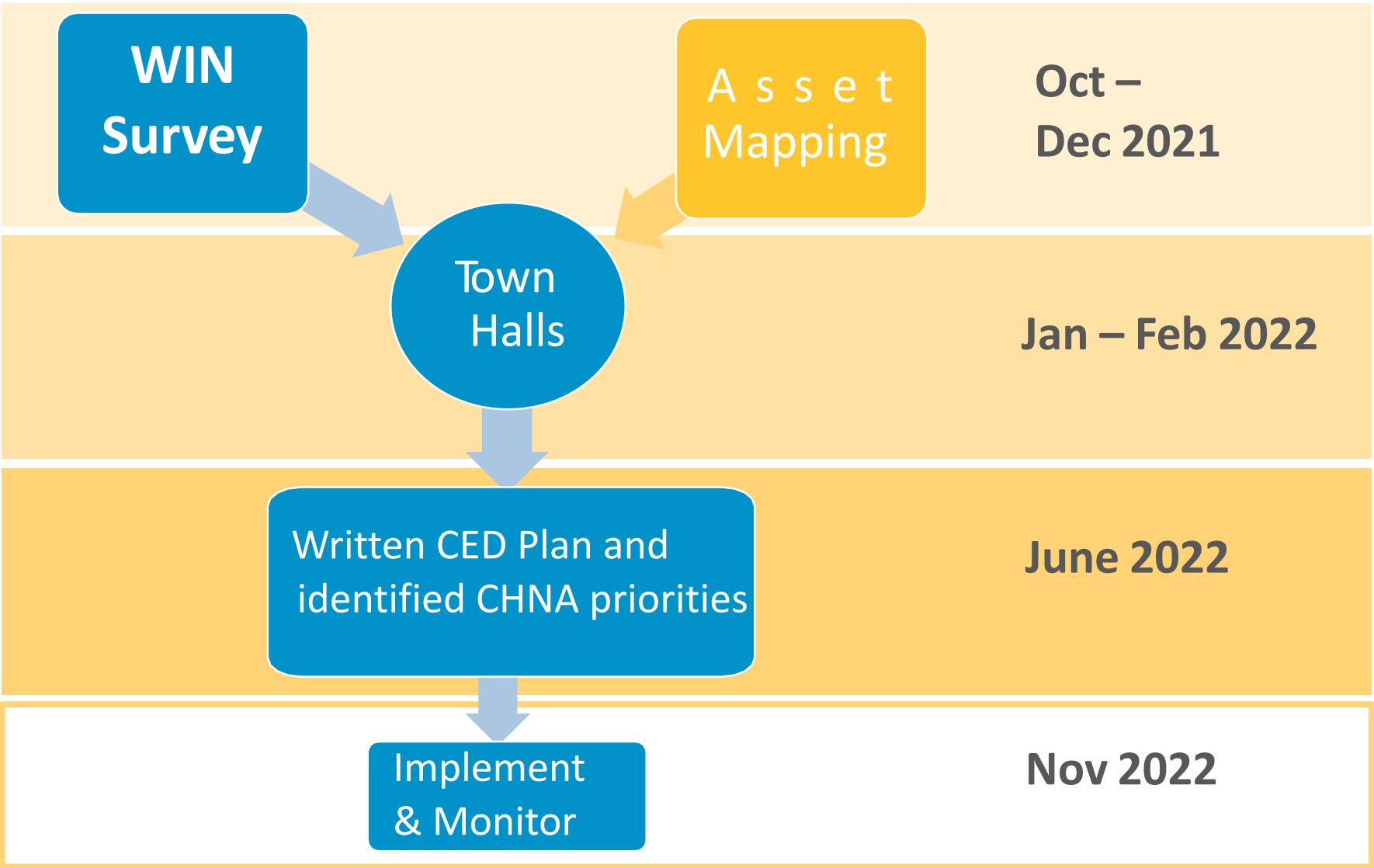
Data Interpretation & Analysis

Data Collection using Streetwyze Platform

Community Driven CED Strategy  
June 2021  
Development of Community Leadership Body

# The Ward 8 CED Plan Data Collection Process

## W8CED Activities



### Outreach by W8CED

Ambassadors:

- 1. WIN Survey**
2. Streetwyze

W8CED subcommittee data analysis and recommendation phase

Complete W8CED plan and common agenda setting across W8CED partners

Establish Ward 8 committee to implement and evaluate W8CED plan

**DC POSITIVE ACCOUNTABLE COMMUNITY TRANSFORMATION (PACT)  
COMMON AGENDA**

<b>PRINCIPLES</b>	<b>#1: Health and social needs are human rights for all DC residents which require the equitable and sustainable distribution of resources</b>	<b>#2: Partners commit to shared responsibility, accountability, and transparency as necessary components of work performed in the service of health equity and justice</b>	<b>#3: Goals and interventions will be data-focused, driven by person-centered outcomes, and transformative</b>	<b>#4: Work will be coordinated across community services and sectors resulting in respectful and compassionate care that empowers District residents with the greatest health and social needs</b>	<b>#5: We prioritize creativity, flexibility, innovation, and vision in determining the coalition's strategic priorities</b>
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<b>PROBLEM DEFINITION</b>	<b>Racism and the lack of accountability, alignment and investment has led to inequitable social conditions, health and well-being outcomes</b>	<b>VISION</b>	<b>DC functions as a seamless accountable health community that provides care and the social conditions for racial equity, health equity, and community well-being</b>	<b>MISSION</b>	<b>Build the movement to create a seamless accountable health community that achieves equitable individual and community well-being in the District of Columbia through community leadership, policy change, infrastructure development, and care improvement</b>
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<b>STRATEGIC GOALS</b>	<b>#1: By December 2024, successfully incorporate social risk management into DC Medicaid value-based payment and quality improvement forums</b>	<b>#2: By December 2024, implement DC PACT communication strategies to promote and sustain health system dialogue and action on SDOH</b>
	<b>#3: By December 2024, ensure all relevant DC PACT partner staff are using DC HIE-connected solutions for social risk assessment and analytics, resource location, and care team coordination</b>	<b>#4: By December 2024, leverage citywide well-being assessment to drive health system accountability to community-defined progress measures on SDOH</b>

<b>SHARED MEASURES</b>	<b><u>Social Equity</u></b>	<b><u>Institutional Equity</u></b>	<b><u>Living Conditions</u></b>	<b><u>Health Related Social Needs</u></b>	<b><u>Prevention, Wellness &amp; Care</u></b>	<b><u>Mortality</u></b>
	<ul style="list-style-type: none"> <li>• Ability</li> <li>• Age</li> <li>• Race/Ethnicity</li> <li>• Class</li> <li>• Immigration Status</li> <li>• Gender</li> <li>• Sexual Orientation</li> </ul>	<ul style="list-style-type: none"> <li>• Corporations &amp; Business</li> <li>• Government Agencies</li> <li>• Schools</li> <li>• Laws &amp; Regulations</li> </ul>	<ul style="list-style-type: none"> <li>• Physical Environment</li> <li>• Social Environment</li> <li>• Economic Environment</li> <li>• Service Environment</li> </ul>	<ul style="list-style-type: none"> <li>• Housing Security</li> <li>• Food Security</li> <li>• Social Connection</li> <li>• Access to Transportation and Employment</li> </ul>	<ul style="list-style-type: none"> <li>• Communicable Disease</li> <li>• Chronic Disease</li> <li>• Injury (intention &amp; unintentional)</li> </ul>	<ul style="list-style-type: none"> <li>• Infant Mortality</li> <li>• Life Expectancy</li> <li>• Quality of Life</li> <li>• Well-Being</li> </ul>

