



# Circles of Inclusion

Assuring the Engagement of Historically Excluded Groups in Collaboration

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**PREVENTION**  
INSTITUTE



**What do you hope to gain  
& change from this  
session?**



# Circles of Inclusion: Session Objectives

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- Identify our patterns and practices of exclusion in organizations, community, and collaboration.
- Identify the historically excluded groups in your community and how/why they experience exclusion.
- Understand how patterns of historical exclusion play out and harm our efforts toward community-wide well being.
- Develop ideas for approaches to collaboration in rural community engagement and involvement with a grounding in powerful and sustainable inclusion.

# Group Activity





# Discussion

# Changing Our Patterns of Bias

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## Unpacking Implicit Bias:

- Subconscious biases that tend to favor our ingroup
- Cannot be changed through introspection
- Can be changed by changing our actions and changing our patterns that reinforce biasing.

— Kirwan Institute at Ohio State University

# Bias & Discrimination

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- **Over time, policies, laws, practices, and procedures shape the norms and shared values within communities and within the sectors and institutions that serve communities—too often embedding bias and discrimination.**

# Discrimination Compounds



Selected Policies, Practices, and Procedures That Have Produced Inequities in the Physical Environment

Image source: Prevention Institute, *Countering the Production of Health Inequities: An Emerging Systems Framework to Achieve an Equitable Culture of Health*



# Segregation from Opportunity

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- **Poor health outcomes experienced by communities with concentrated disadvantage and in communities of color are referred to as health inequities because they are unjust and unfair.**
- **They are a predictable outcome of the policies, practices, and procedures that have segregated many people from the opportunity to be healthy.**

# Othering & Belonging

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## The work of john a. powell of the Haas Institute

- “Othering” encompasses the many expressions of prejudice on the basis of group identities.
- It provides an accessible framework that reveals a set of actions and conditions that perpetuate group-based inequality and marginality.
- It’s also a framework to productively discuss and develop a range of inclusive responses to group-based marginalization.



**“As harmful as discrimination, conscious or unconscious, may be on shaping group outcomes, it is the institutionalization and structural features of othering that perhaps most explain group-based inequalities.”**

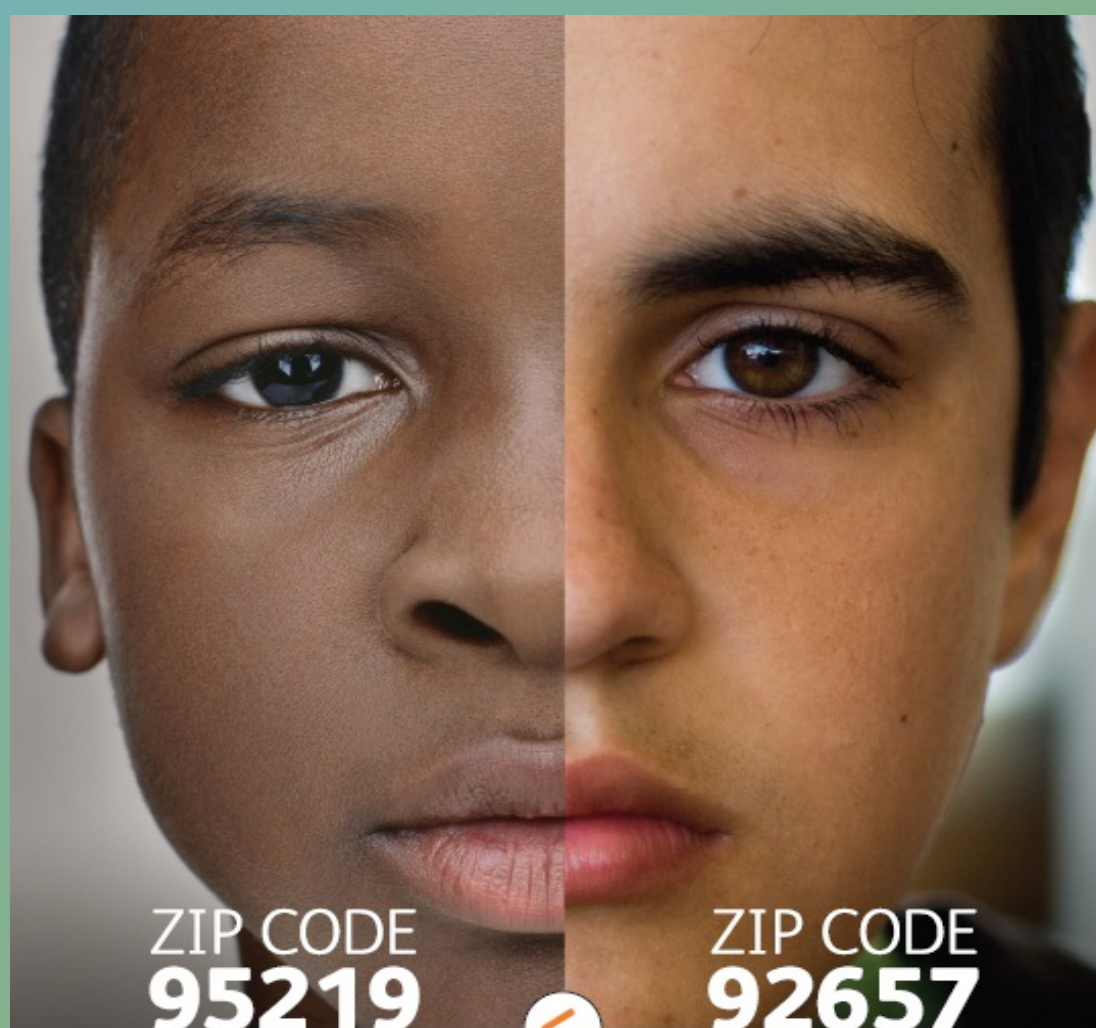
- john a. powell

*The Problem of Othering: Towards Inclusiveness and Belonging*



# Health Disparity

*A predictable outcome & statewide policy solutions to create change.*



ZIP CODE  
**95219**  
Life Expectancy

**73**

ZIP CODE  
**92657**  
Life Expectancy

**88**



Your **zip code** should not determine the length of your life. This year, California legislators and Governor Jerry Brown recognized that **health happens in neighborhoods**. The California Endowment would like to thank California's leaders for taking steps to make our communities and our state stronger.

**AB 581 (Perez)** : Brings grocery stores to neighborhoods where they are needed.

**AB 6 (Fuentes)** : Eliminates bureaucratic red tape for families who need access to healthy food.

**SB 20 (Padilla)** : Gives Californians the facts about restaurant food.

**SB 244 (Wolk)** : Requires local land use planning to include improvement of disadvantaged communities.





**How has bias and  
“othering” played out in  
the rural setting?**





**How does it affect collaborative work toward mental wellbeing?**

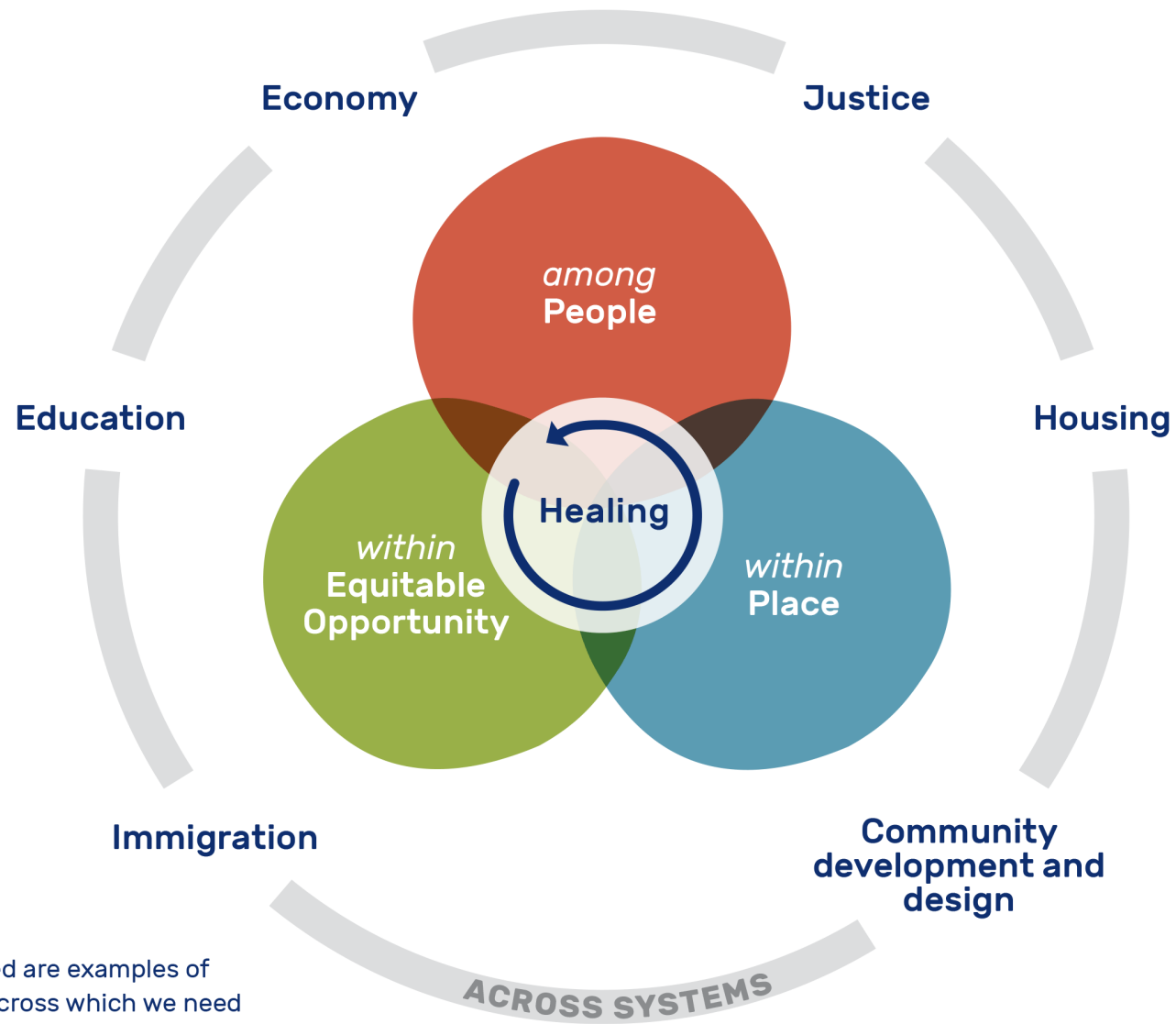


# Health Equity



**“Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality of education and housing, safe environments, and health care.”**

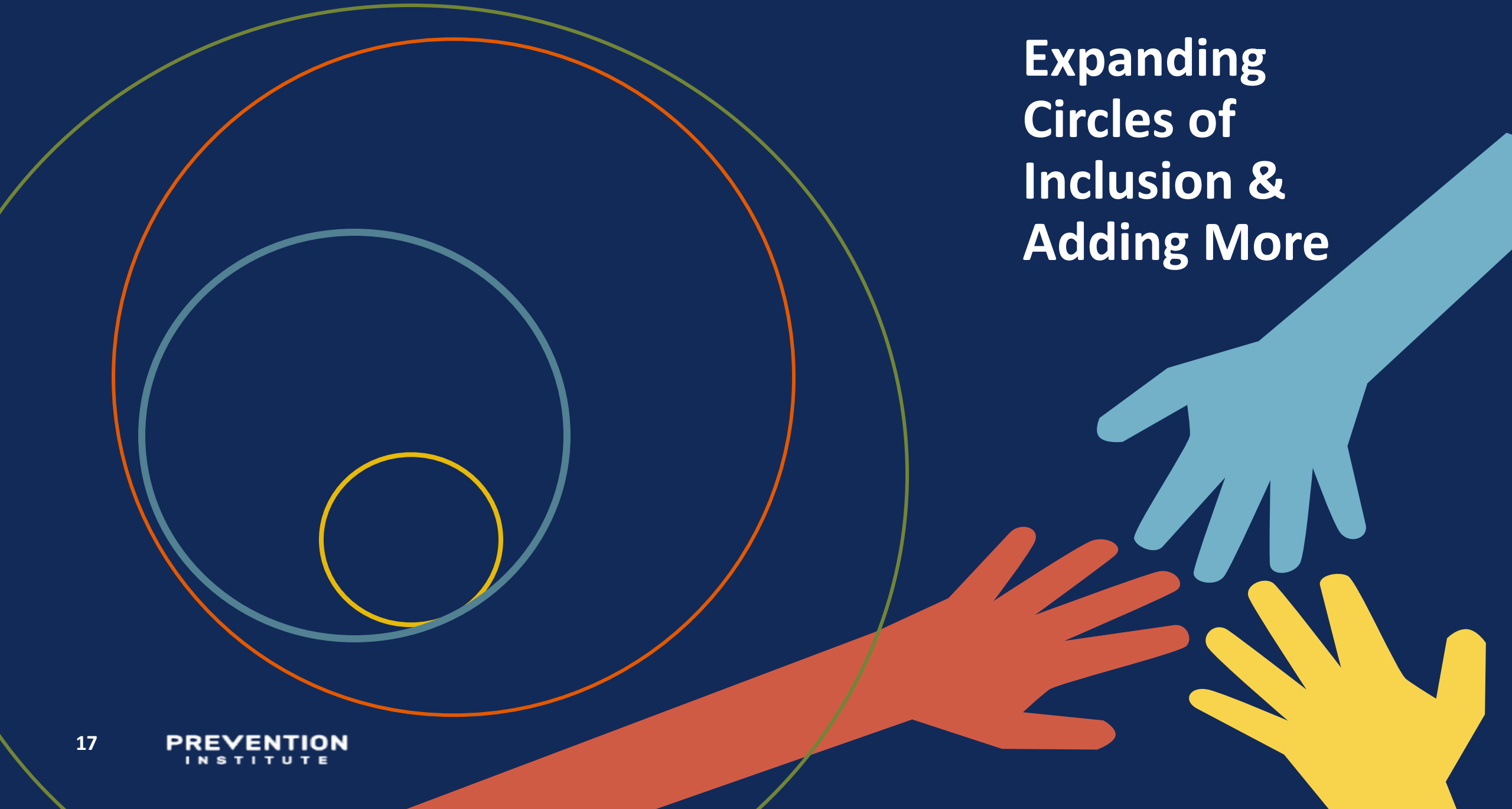
— Paula Braveman, Health Affairs, June 2017



Note: The systems listed are examples of the types of systems across which we need to work to address community trauma.




# Expanding Circles of Inclusion & Adding More





# Discussion



People are unbelievably resilient—but traumatized people interacting with other traumatized people— a community can really run the risk of imploding.

Violence prevention practitioner (*Adverse Community Experiences and Resilience: Preventing and Addressing Community Trauma*)



# Pillars of Wellbeing



*Control of Destiny*

*Hope/Aspiration*

*Trust*

*Dignity*

*Safety*

*Belonging/Connectedness*



“While local history often gives communities a sense of place, **it isn’t necessarily enough to give residents a sense of belonging.**”

Appreciative inquiry is used in the project through **Community Conversation Cafés** which center on listening to all of the voices in the community and learn more about community strengths and challenges.

Excerpt from Hogg Foundation Grantee Spotlight on Nacogdoches County  
Project Director, Dr. Steve Cooper





”By organizing kitchen table talks in the homes of community leaders or local churches and conducting community forums, the hope is to create organic opportunities for meaningful dialogue **in places familiar to the populations we’re trying to engage.**”

Excerpt from Hogg Foundation Grantee Spotlight on Bastrop County  
Discussion on the work of Resilient Bastrop Liaisons



# Collaborative Value Statements

– for lead agency & leadership council

## Community Agreements\*:


- To carry ourselves with intent, impact and grace.
- To actively work towards equity.
- To integrate values of this work in all we do .
- To keep our word.
- To act with transparency.
- To step-up listen if we speak a lot and step up speak if we listen a lot.

## Assumptions:

- Oppression exists; it is not up for debate.

- \*Excepts from Making Connections project in Tacoma Pierce , WA






**“We are making progress at the speed of trust.”**

- Community & Health Dept Leaders in Making Connections Grantee Report  
Tacoma/Pierce, WA








“Surveys of residents, elected officials, community-based organizations and other groups **reveal a critical lack of consensus on top-priority community needs**, reflecting the need for a more thoughtful and strategic approach.”

The BHOLD Collaborative has also partnered with the School District to offer free transportation, meals and childcare during collaborative gatherings at no cost to community members.

- BHOLD Collaborative in Brooks County  
Excerpt from Hogg Foundation Grantee Spotlight



# Thoughtful Decisions Responsive to Community Feedback

- **Nebraska** – insisted to funder that their population of focus be inclusive of women in the military although it was a men’s mental health initiative.
- **Kankakee, IL** – Convinced the community college that the Veteran Student Center that they were developing be open to help all vets & military personnel in the county.
- **Canton, CN** - Convinced the military counseling center to refer personnel to community volunteer opportunities that come with peer-support & training





“Before funding from the foundation was even secured, Morris County Collaborative leaders managed to bring 130 attendees to a town hall to discuss the program’s priorities — **a meeting that resulted in a complete revision of their budget based on feedback.**”

- Morris County Collaborative

- Excerpt from Hogg Foundation Grantee Spotlight



# Expanding Circles of Collaboration

- Assessing which partners & sectors aren't at the table and why
- Acknowledging the personal trauma experienced by many at the table which influence perspectives
- Working hard to keep a focus on prevention and working on community determinants in the midst of ongoing crisis



## Developing a community-trauma informed approach to the opioid epidemic in Ohio


### The need to address adverse community experiences and community trauma

Prevention Institute's Adverse Community Experiences and Resilience (ACE|R) Framework has been eye-opening as a lens that helps communities grappling with the tremendous impacts of the opioid epidemic. With high rates of opioid use disorder (OUD) in Ohio, staff of the Ohio Department of Mental Health and Addiction Services (OhioMHAS), Bureau of Prevention were searching for a strategy to address opioid overdose deaths and prevent the epidemic of opioid and other substance misuse from growing every day in the state. When they came across PI's ACE|R Framework, the concepts of community trauma and building resilience to address harm in the community resonated deeply with what they saw driving the crisis in the state: loss of industry, high rates of unemployment, broken relationships and lack of social

*"Trauma reaches beyond those who directly witness or experience it, affecting communities on many levels. There's a need for healing and building resilience to prevent future community trauma. We're excited to be a part of this innovative approach to addressing community trauma resulting from the opiate epidemic."*

*- Molly Stone, Prevention Bureau Chief, OhioMHAS*

seeing if the framework had applicability to developing a prevention plan for the state.



Working on community determinants is both scary and reassuring. If we don't do this level of prevention, we will always be chasing the problem.

-Ohio Community Collective Impact Model for Change  
Learning Community Partner





## *Video Examples of Communities Expanding Circles:*


- If you want to talk health, you have to talk income and wealth
- If you want to talk health, you have to talk social connection
- If you want to talk health, you have to talk housing



Photo: Nikki Weldon

When you start with needs, you get programs. When you start with strengths, you get possibilities.

- Lupe Serrano  
casa de esperanza



*He drew a circle that shut me out —  
Heretic, rebel, a thing to flout.  
But Love and I had the wit to win:  
We drew a circle that took him in!*

*- Outwitted by Edwin Markham*





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