

THE HEALTH IMPROVEMENT COLLABORATIVE OF SOUTHEASTERN CONNECTICUT

Purpose and Processes Document

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ARTICLE 1: Collaborative Description and Purpose

1.1 Name

Health Improvement Collaborative of Southeastern Connecticut (HIC)

1.2 Purpose, Vision, and Values

The purpose of the HIC is to advance a vision of Southeastern CT as a community healthy in body and mind that promotes access, health equity, social justice, inclusiveness, and opportunities for all.

The HIC's values include the intentional creation of a culture of trust, authenticity in seeking community involvement, inclusiveness, respectfulness of cultural considerations and differences, and social justice.

1.3 Description and History

The Health Improvement Collaborative of Southeastern Connecticut (HIC) is a group of organizations and community members who are committed to working together to create opportunities for health for those who live, learn, work, play, and pray in the region. The region includes the following cities and towns: East Lyme, Groton, Ledyard, Lyme, New London, North Stonington, Old Lyme, Stonington, and Waterford.

Partners on the Health Improvement Collaborative include public health, healthcare, community advocacy groups, social service organizations, municipal departments, housing, first responders, academia, philanthropy, faith communities, and residents.

We came together in 2015, to lead the development of the comprehensive Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP). This type of planning is required of local health departments and hospitals.

The assessment and plan are informed by data about what people need in our region and by community members sharing what they care about and value. This information is then presented to our regional partners to create Action Teams and plans that support the wellbeing of people in Southeastern Connecticut. Work to dismantle systemic racism and other forms of oppression is foundational to all that the HIC does.

In addition to the CHNA and CHIP, the HIC also works to identify and address emergent risks to health and well-being in the region that may fall outside of the current CHIP.

1.4 Racism as a Public Health Issue

Addressing racism as a public health issue was included in the 2019 Community Health Improvement Plan and continues to be a priority. Racial disparities can be seen in many of the critical health issues that impact the region. Racial inequities in housing, education, transportation, food access and other social determinants of health fuel racial disparities that show up in data about health and well-being (see figure 1). The HIC commits to undertaking work to build a shared understanding of the impact of racism and actions that forward racial equity in organizations and systems.

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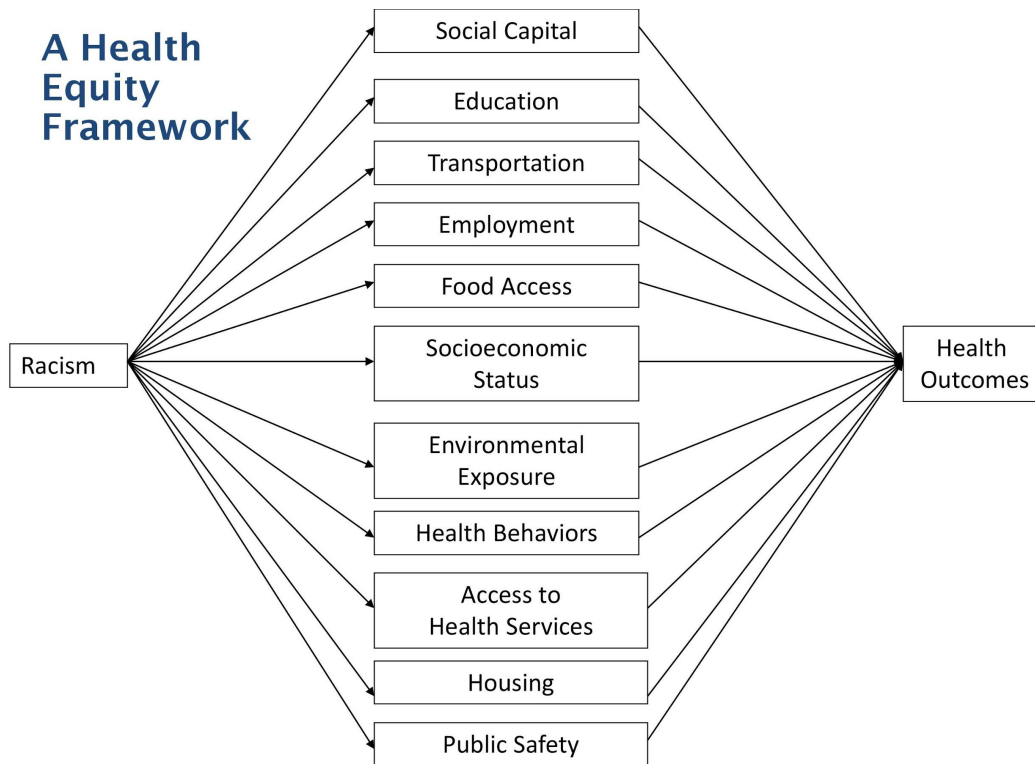


FIGURE 1. Boston Public Health Commission Racial Justice and Health Equity Framework

1.5 Key Approaches

Perspective Transformation

Helping individuals and organizations think, understand, and act differently to make equity and racial inclusion a shared value. Encouraging others to use both their head and heart to see and understand the world in new ways, which in turn creates new responses and actions aimed at centering community needs and want as well as eliminating structural racism. As part of this work, it is critical to engage in strategies to identify and unlearn white supremacy.

Cross Sector Partnership to Support Collective Impact

Forwarding partnerships in a variety of sectors with the goal of aligning priorities and actions, and mobilizing resources. The goal is to incorporate health and equity into decision-making across sectors, systems, and policy areas.

Community Engagement and Partnership

Involve community members and both informal and formal community leaders in planning, decision making and actions in order to ground HIC work in community priorities. This also includes supporting the work of policy advocacy groups representing communities most impacted by racism.

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Data Driven Decision-making

The HIC is committed to using information from partners and community members as a way to understand and prioritize health issues and to evaluate and improve the functioning of the HIC. This data can be collected in a number of ways-- including but not limited to conversations with community members, focus groups, surveys, and research summaries from trusted partners. The HIC has participated in the Community Health Assessment and the creation of the community health needs assessment. These activities are further described in section 1.6.

Resource Sharing

The HIC acknowledges that access to money is access to a form of power. As part of a larger commitment to power sharing with the community, the HIC will consider how to partner with community based organizations and how to compensate community organizations and members for their time, experience, and skills. For example, in 2021 the HIC provided grants to organizations that are forwarding racial equity.

Understanding Power

The HIC understands that power can come from position, wealth, or people. Racism and other systems of oppression structure access to power and opportunities in every part of life (see Figure 1). For this reason, it is essential for groups and individuals that enjoy greater access to power (ex. large organizations, White people) to be aware of their power. This awareness lets these groups and individuals make choices on how to use and share power in service of dismantling systems of oppression.

1.6 Community Health Needs Assessment and Community Health Improvement Plan

Every three years, as required by the Affordable Care Act, L+M Hospital conducts a community health assessment (CHA). This type of assessment is also imperative for quality public health work and Ledge Light Health District has provided support to the needs assessment effort. As the HIC is committed to data-driven decision-making, it participates in the needs assessment and the subsequent data review and prioritization process.

Partnership is essential in making sure that the data collected and the plan that is created reflects community priorities. As a result, partnership between all of the partners in the HIC is critical to conducting the Community Health Assessment (CHA) and informs the drafting of the Community Health Improvement Plan (CHIP). Community Health Assessments require a process of collecting information from community members about well-being and quality of life. This information is reviewed by HIC members and others to determine top areas of need and strengths. The HIC then works to identify best and promising practices to reduce barriers to well-being, address needs, and build on strengths.

Relationships with culturally specific community organizations assist the HIC in understanding the priorities of and meeting the needs of communities of color in the region. Additionally, the

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HIC works to engage community members in order to improve its functioning and ability to meaningfully support community health in the region.

The CHIP, that the HIC creates, is also used to guide the work of the Coordinating Team (Section 3.1).

ARTICLE 2: Participation in the Collaborative

2.1 Representation

The HIC is a diverse cross-sector partnership that is committed to fully representing communities and people most impacted by systems of oppression. We understand that authentic community engagement, inclusive meeting norms, and resource sharing will be essential components to increasing representation. Increasing racial, ethnic, cultural and linguistic representation in the HIC is a priority.

2.2 Engagement

The HIC will engage the communities that it serves while prioritizing engagement of community members and groups who are most impacted by systems of oppression.

Engagement occurs as part of the community health assessment process as well as through HIC and partner funded community events and opportunities. The HIC is committed to amplifying the voices of community members and compensating community members who share their time and expertise. In addition, the HIC seeks opportunities to share resources with community based organizations that are forwarding critical work (see resource sharing in Section 1.5).

2.3 Membership

Membership in the HIC is self determined by participating individuals and organizations.

The HIC strives to be inclusive and the boundary between members and other stakeholders is permeable. Inclusion in the HIC is available to those who live in the region and commit to the values, vision, and community norms of the collaborative (Article 1). The Coordinating Team and Action Team leads may use meeting attendance and subscriptions to the HIC newsletter or digest as a proxy for membership.

An affiliation with the HIC can be demonstrated by stakeholders who self identify as HIC members, share information and ideas with HIC members and stakeholders via social media, emails, attend meetings, lead Action Teams, and/or take leadership roles in the HIC.

In addition, there are no membership dues (see section 2.8) or membership terms.

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2.4 Meetings

Meetings are critical to supporting group learning, cohesion, inclusivity, and decision-making. Best practices for inclusive and trauma informed meetings will be utilized.

Timing

The HIC must meet a minimum of four times per year. Meetings must have a purpose and an agenda. There will be a standing meeting time or meeting invitations will be sent to HIC members at least two weeks in advance.

Documentation

Meeting documentation may include: recordings of online meetings, agendas, and notes that record any decisions that were made. Meeting documentation will be shared with HIC members by email or the HIC Digest.

Access

The HIC is committed to having accessible meetings and will work to improve member access to meetings by using available technology and member engagement.

2.5 Decision-Making

The HIC engages in participatory decision-making that is focused on identifying areas of consensus. We use the 1 to five model. The One to Five method is explained briefly below.

One to Five

One to five is based on Fist to Five with one change-- instead of a fist-- one finger is used to indicate a strong lack of support for an option. This method has the elements of consensus built in and can prepare groups to transition into consensus if they wish. This process gauges both the amount (number of participants showing more than one finger) and level of support (number of fingers each person shows) for an idea. A more detailed description of what finger signs mean, in this process, is shown in Table 1.

Prior to using this method we commit to providing people enough information and time to consider options.

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5 fingers for strong support and a willingness to work on the proposal.	"This is a great idea and I can help move it forward."
4 fingers for support	"This is a great idea"
3 fingers for neutrality.	"I'm not sure about it but I can live with it"
2 fingers for not liking the idea but also not blocking the idea.	"I don't think we should go this direction but I won't block it."; "I don't have a better idea."
1 finger for no support and active opposition	"This is a bad idea. I don't want this. I have alternatives that should be considered."

TABLE 1. One to Five Decision-making

Overall support is shown by participants responding with a three or above. If most members of the group choose a 2 or below-- this is an indication that the item in question is not broadly supported. In this case, there should be a discussion to identify problems and concerns and develop a concept that has overall support from the HIC.

If someone responds with a "1", they must state why they are opposed to the idea and, preferably, suggest an alternative solution for the group to consider.

Making Decisions In and Out of HIC Meetings

Generally decisions to be made will be scheduled during HIC meeting unless the decision needs to be made more quickly. The Coordinating Team will look at the consistency of a path with the CHIP as a guide when making decisions that do not include the full collaborative.

Coordinating Team Decision Making

One to Five decision-making is also used in Coordinating Team meetings. Please see Article 3 for more information about the Coordinating Team.

2.6 Community Norms

Community norms are used to develop a culture of support, transparency, and respect in meetings. These norms address common challenges that come up when trying to create an authentic and brave climate that supports safety for individuals and groups most impacted by systems of oppression. The norms are also touchstones that can be invoked and discussed if meetings become unsafe and unproductive. HIC Community Norms are listed and explained in Table 2.

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Community Norm	Description
Mutual support and respect is key	HIC participants are expected to support one another and relate to one another in a respectful way.
Both/And	Sometimes two things that seem to be competing are both true. Both/and can be used instead of But/or.
Step forward, step back	In meetings, participants should share time and opportunities to speak/communicate. This may require quiet members to share their thoughts and people who participate a lot to not speak so that someone else can speak.
Active listening	Active listening is characterized by listening to understand rather than by listening to respond.
Nothing that is said here is used to attack	Participants should not use what is said at a meeting to attack someone either in the meeting or in another venue. Participants should provide constructive comments and/or share feelings of distress if they are upset by comments or content in or beyond a meeting. The goal is to support one another even as we hold each other accountable to our vision, values, and commitment to racial equity.
Pausing before persisting	If participants are receiving push-back on statements they have made during a HIC meeting or event—they should take the time to consider the feedback they have been given prior to pressing their point. There may need to be one to one conversations to help members clarify disagreements or points of tension.

TABLE 2. HIC Community Norms

2.7 Member Removal

If a HIC participant repeatedly and/or egregiously violates community values, norms, or approaches as described in this document (Sections: 1.2, 1.5, 2.5, 2.6), they may be asked not to return. This would be handled by the Coordinating Team on a case by case basis.

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2.8 Financing

Alignment Between Purpose and Funding

The HIC is steadfast in its commitment to addressing barriers to community well-being including but not limited to racism. The HIC will pursue funding opportunities that align with agreed upon priorities as expressed by community members and the Community Health Improvement Plan.

No Membership Dues

The HIC is committed to inclusivity and prioritizes the participation of community members and community based organizations above fund raising. There is a strong commitment that the HIC does not want to be a “pay to play space”. Dues could serve as a barrier to the participation of individuals and small organizations and are therefore not being sought. Instead, the HIC work is forwarded by in-kind donations and grant funding.

Fiduciary Agents

Ledge Light Health District (LLHD) has been the fiduciary agent of grants that have supported the work of the HIC. The Coordinating Team can choose other groups to serve as a fiduciary agent on an as needed basis. The HIC must be named in these grants as the entity that is doing the work.

Contributions

HIC Partners and members are welcome to contribute to support the work of the HIC. Interested people should contact the Coordinating Team to determine how to provide this support.

Resource Sharing

See section 1.5

ARTICLE 3: Leadership and Coordination

3.1 Coordinating Team

Description and Representation

The Coordinating Team is a committed group of 5 to 13 individuals who work closely together to strengthen the HIC and forward community health priorities. They are tasked with providing leadership and support to the Health Improvement Collaborative. This team must represent at least 4 sectors or groups that are critically important to health in the region. These sectors include individuals representing Public Health, Social Service, Healthcare and Community Partners. Representatives from other sectors are also important to the cross-sector nature of the HIC and would be welcomed.

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In addition to sector representation, racial and ethnic representation by people of color is critical to effectively identifying and shaping the work needed to support the diverse communities of Greater New London.

The HIC proactively invites people of color, people with lived experience, and people from a variety of sectors to serve as members of the Coordinating Team.

Recruitment and Outreach

The Coordinating Team will work to strengthen the HIC by conducting outreach to members when terms have been completed and/or there are openings on the Coordinating Team. This will include announcing the opening(s) by email or in the HIC Digest. Coordinating Team members may also invite engaged members to consider joining the Coordinating Team.

Compensation

Sometimes Coordinating Team members are able to include any work on the HIC as part of their paid position with an organization. When a potential coordinating team member does not have this option, the Coordinating Team will strive to find dollars to provide a stipend. While not always possible, providing compensation is the ideal and demonstrates respect for the time and wisdom of members.

A question about the need for compensation will be included in a brief set of questions that interested Coordinating Team members will be asked to complete (Section 6.2).

Responsibilities

The Coordinating Team has far ranging responsibilities for the coordination, leadership, and direction of the HIC. Coordinating Team members spend approximately 6 hours a month, not including HIC meetings, forwarding HIC work.

Responsibilities include:

Leadership and Coordination

- Supports the development and implementation of the HIC Community Health Improvement Plan (CHIP)*
- Plans meetings
- Monitors and supports the climate of HIC meetings.
- Surveys members as needed to understand HIC member preferences, needs, and priorities
- Identifies and partners with the community to seek solutions to emergent community health needs.
- Creates and distributes regular communication to HIC members
- Engages other members to support HIC work
- Identifies and applies for funding to support HIC priority areas.

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- Creates Action Teams composed of Coordinating Team members, non-members, or a combination of members and non-members to address a specified community and/or organizational needs.

Strategy

- Identifies and forwards strategic opportunities that align with values.
- Takes other actions to forward the HIC vision and community health priorities

Oversight

- Supports and Monitors the progress of the Action Teams.
- Oversees staff and contractors working on behalf of the HIC

*The Coordinating Team may work on initiatives that forward HIC priorities outlined in the CHIP. If there is an emerging issue beyond the CHIP, Coordinating Team members will share information with HIC members by email and or during a HIC meeting. Coordinating Team members may guide the full collaborative in a participatory decision making process (Article 2) to determine buy-in and next steps. Any HIC member may approach the Coordinating Team to present a concern or emergent issue.

Process for Becoming a Coordinating Team Member

People interested in joining the Coordinating Team should send a request via email to the current Coordinating Team (HIC@llhd.org) and include answers to a brief set of questions (Section 6.1). Time at a standing HIC meeting will be used to discuss and decide on a new Coordinating Team member.

Preferred Qualifications for Coordinating Team Members

Members of the Coordinating Team are expected to work collaboratively and establish trust with one another so that direct communication about critical issues is possible and comfortable.

There are many skills needed to work in this manner and this type of collaborative and non-hierarchical leadership structure may not be comfortable for everyone. Some specific expectations and requirements for Coordinating Team members are listed below:

- Personal and professional alignment with and commitment to the HIC vision, values, and norms.
- Consistent involvement with the HIC for over 3 months
- Expertise that helps advance the work of the HIC. This could include: lived experience, work experience, specific skills and knowledge that supports community well-being.
- The ability to meet weekly to support HIC planning and coordination.

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- A willingness to help with the facilitation and planning of Coordinating Team meetings.
- A commitment to forwarding racial equity in the region.
- The ability to, in partnership with other members, support monthly HIC meetings.
- Experience with racial equity, public policy, public health, healthcare, and social services.

Terms

The term of service for Coordinating Team members shall be a two year voluntarily renewable term. The decision to renew a term will be made by the HIC using the One to Five decision making process

Quorum

Quorum must be met both by the number of Coordinating Team members in attendance and the representation that those members bring. For meetings to take place a majority of members must attend (over half) and further, if Coordinating Team members of color are not present, the meeting may be cancelled and/or important decisions will be deferred. It is also an option to reach out to members who are not present via other channels such as email.

Conflicts of Interest

Individual Coordinating Team members will abstain from all discussion and voting on any matters where they have or are perceived to have a potential or actual conflict of interest. Members with such a conflict will abstain from participating in the discussion or making decisions about the issue. The conflict of interest will be included in the meeting notes.

Regular Meetings

The Coordinating Team will meet at least 6 times each year and may meet in person, via conference call, or on an online platform (ex. Zoom). The meeting schedule must be responsive to the schedules of Coordinating Team members. Meetings must be at a standing time or be scheduled at least 2 weeks in advance to increase the chances that all members can accommodate the meeting.

Scheduling Meetings

The Coordinating Team or staff hired by the Coordinating Team may call a Coordinating Team Meeting and set an agenda for the meeting. Each Coordinating Team member must have access to the agenda and meeting materials at least 6 hours before the meeting.

Action Without a Meeting

Any action by the Coordinating Team may be taken without a meeting if the Coordinating Team members consent in writing to the action by email, web-based survey, or other electronic means, so long as: (a) each member is provided with relevant data and an opportunity to respond; (b) members are given at least 24 hours

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to respond; (c) the proposal receives explicit, affirmative approval, using the one to five method, by a majority of the current Coordinating Team members; and (d) the action is expressly ratified at a subsequent Coordinating Team meeting. Items approved in this manner generally should be routine or otherwise simple in nature and, in any case, any Coordinating Team member may request that the matter be addressed by way of a meeting or conference call rather than through this written approval process.

If the issue does not allow for a 24 hour window, Coordinating Team members can work to make arrangements but must honor the quorum requirement. This should not be done unless absolutely necessary.

Resignation and Leave of Absence

The HIC is people-centered and individuals will be supported in pulling back from work as needed. The Coordinating Team will work to identify ways of maintaining the work. Any Coordinating Team member may resign at any time by giving notice to the other members at a meeting. A resignation will be communicated to the full HIC and a process consistent with other parts of Section 3.1 will be implemented to identify and engage a new Coordinating Team member.

It is also possible that a Coordinating Team member may need to pull back from some duties but may still be available for consultation and decision-making. The details of a team member's needs will be considered in a case by case basis by the rest of the team in order to make a decision that supports the team member and assures that the HIC's work can be advanced.

A leave of absence may be one option that is considered and can be requested by any Coordinating Team member. A leave of absence cannot be longer than 3-4 months. If the needed leave is longer than this specified duration the Team member may resign and seek to join the Coordinating Team in the future.

Removal

A Coordinating Team member may be removed from the Coordinating Team if they are in violation of community values, norms, or approaches as described in this document (Sections: 1.2, 1.5, 2.5, 2.6). The problems would need to be documented and discussed with the full Coordinating Team including the member in question. Coordinating Team members would then use the One to Five method with the majority of members needing to agree on removal for the action to be taken.

Transparency

Each HIC meeting will include a Coordinating Team update where key initiatives and decisions made by the Team are shared. The HIC digest is another tool that is used to share information. Notes that are taken during Coordinating Team Meetings will be shared with HIC members by request.

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3.2 Action Teams

Description and Purpose

HIC Action Teams are established by the HIC on an as needed basis in order to forward community health priorities. The teams may be aligned with specific Community Health Improvement Plan priorities or developed to address an acute community health need.

Action Team Leadership

Action Teams must have at least one lead person to support the direction and processes of the group. Action Team Leads are generally individuals whose work outside of the HIC connects to the purpose of the group.

Becoming an Action Team Leader

HIC participants may be invited to serve as Action Team leads by Coordinating Team members or may submit a request to join that details their interest and experiences. This request should include answers to questions in Section 6.3 and be sent to HIC@llhd.org.

Duties

Action Team leads are responsible for helping to shape and guide Action Team work so that positive outcomes for the community are achieved. Action Team Leads spend approximately 4 hours a month, not including HIC meetings, forwarding HIC work. Activities may include:

- Running Action Team meetings
- Seeking funding for Action Team work
- Consulting with the Coordinating Team to assure that cross cutting HIC priorities (ex. racial equity) are included in the framing and implementation of Action Team work.
- Engaging partners to participate in the Action Team work
- Updating a dashboard of milestones and challenges.
- Providing updates to the full HIC
- Helping Action Team members identify and execute specific pieces of work that forward the team's priority area.
- Documenting the work and accomplishments of the Action Team, to include measurable outcomes where possible

End of Service

The Action Team Lead's role ends with resignation, removal, or the conclusion of the Action Team. Resignation and removal for Action Team Leads follow the same process as those outlined for Coordinating Team Members. These processes would be followed by Coordinating Team members in consultation with Action Team members.

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Connection to the Coordinating Team

It is essential that Action Team leaders are well connected to the Coordinating Team. Acceptable connection to the Coordinating Team can include the following strategies:

- Action Team leads are part of the Coordinating Team
- Action Team leads provide consistent, regular updates to the Coordinating Team.

Action Team Members

HIC participants and stakeholders are encouraged to join an Action Team. Other than agreement with the core values, mission, and norms of the HIC, there are no requirements for Action Team members.

ARTICLE 4: Accountability and Conflict Resolution

HIC members are free to address other members when HIC values and/or community norms have been violated and/or when basic empathy and respect are not being demonstrated. The Coordinating Team may elevate the concern and speak with members individually as needed.

The HIC strives to forward racial equity and elevate community wisdom, voice, and priorities. HIC Coordinating Team members are collectively responsible for engaging community members and discussing concerns and requests. The joint email box for the HIC is: HIC@llhd.org. A concerned community member can make contact with any of the Coordinating Team members and/or send a message to the HIC mailbox to share ideas and concerns.

ARTICLE 5: Making Changes to This Document

Changes to this document should be brought to the entire HIC at a meeting and discussed and decided using the one to five method. Changes are to be logged with a date and description into section 6.1. Each revision date should be logged in the footer of this document.

ARTICLE 6: Appendix

6.1 Coordinating Team Questions

These are questions for HIC members who are interested in joining the Coordinating Team. Please submit your answers to these questions in an email to HIC@llhd.org. Please see Section 3.1 for specific information about Coordinating Team membership.

1. Why do you want to join the Coordinating Team?

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2. Do you have experience and interest in working in a team? Please explain.

3. The Coordinating Team has invested time and energy in leading the HIC's work on racism as a public health issue. How does this work connect to your values, skills, and experiences?

4. The HIC Coordinating Team must represent a range of sectors and include people of different racial and ethnic backgrounds as well as people with different lived experiences. We want to make sure that we have a cross sector collaborative that represents the people that we serve.

4.a Do you work in any of the following sectors?

Education

Healthcare

Philanthropy

Public Health

Social Services

Other: _____

4.b Please share information about your identity, lived experiences, and/or connection to communities of color in this region or beyond.

5. If you become a member of the Coordinating Team, will your agency or organization pay for your time?

6. Only answer question 6 if you do not have an agency or organization that can pay you for the time you spend being a Coordinating Team member.

The HIC values peoples' time and strives to compensate people for their time. We seek grant funding to do this. If funding is available, and you are not being paid for your time, would you be interested in a stipend?

7. Is there anything else that you would like to share?

6.2 Action Team Lead Questions

These are questions for HIC members who are interested in being Action Team Leads. Please submit your answers to these questions in an email to HIC@llhd.org. Please see Section 3.2 for specific information about Action Team leadership.

1. Why do you want to lead the [Name] Action Team?

2. Do you have experience and interest in leading teams? Please explain.

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3. The HIC to forwarding work on racism as a public health issue. Please talk about how you see this work connected to the [Name] Action Team

4. The HIC is an inclusive cross sector collaborative and must represent a range of sectors and include people of different racial and ethnic backgrounds as well as people with different lived experiences. We want to make sure that we have a cross sector collaborative that represents the people that we serve.

4.a Do you work in any of the following sectors?

Education

Healthcare

Philanthropy

Public Health

Social Services

Other: _____

4.b Please share information about your identity, lived experiences, and/or connection to communities of color in this region or beyond.

5. If you become an Action Team Lead will your agency or organization pay for your time?

6. Is there anything else that you would like to share?

6.3 Changes to This Document

Changes to this document will be listed, in the last section of the appendix, by date and will include a description.

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