

EQUITY IN CO-PRODUCTION:

A guidebook for learning, reflection and action.

Welcome

We are thrilled you are interested in learning more about equitably co-producing with family and community partners. The approaches described in this guidebook have been developed, tested, and used by the Well-being with Community (WwC) improvement team within the All Children Thrive Learning Network Cincinnati (ACT). The WwC team engages community partners, family partners, youth, and children to determine and achieve a co-produced vision of excellent and equitable health and well-being.

We created this guidebook to provide information on co-production approaches, strategies, and tactics. We have included terms and definitions to inform a shared language and understanding. We acknowledge racism and marginalization as root causes of inequity and share how those connect to equity in co-production. We share a case study that illustrates co-production in practice. Finally, we offer tools to help you assess equitable co-production efforts. And as our shared wisdom and experience in co-production grows, we invite you to reach out with suggestions or resources to make this guide stronger.

Our mission is to improve health, well-being, and equity for children living in neighborhoods with significant burdens of social hardships and adverse health outcomes.

We believe we can achieve this mission through intentional equitable co-production. We hope you will join us.

ONWARD TOGETHER WE GO,

Carley Riley

Well-being with Community Improvement Team Lead Assistant Professor, UC Department of Pediatrics



Introduction

Over the past several years, Cincinnati Children's has increased its commitment to and capacity for community-engaged co-production. These efforts have led to Children's centering co-production in our most recent 10-year strategy, with a north star goal of **100% community outcomes initiatives co-produced with parents by 2033.**

Three strategic themes guide our Community efforts and support our vision of **Pursuing Our Potential Together:**

THEME 1:

Excellent and Equitable Health Outcomes

THEME 2:

Safe and Supported Families

THEME 3:

Path to Full Potential

This guide captures learnings and best practices for **equitable co-production with families and community partners** as a critical strategy to advance these goals. We invite you to use this guide as a resource, finding insight, tools, and frameworks to support meaningful co-production across the ACT Network and Children's overall.

This guide was co-produced by the Wellbeing with Community (WwC) team within the All Children Thrive (ACT) network and Design Impact (DI), a Cincinnati-based social innovation nonprofit with deep expertise in equity-centered community collaboration. WwC and DI are grateful to the countless Children's staff, ACT Parent Partners, and community organizations whose collaboration shaped this toolkit.

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What Is Co-Production?

"[Co-production is]
coming with an open
mind. Communicating,
being vulnerable. Being
open-minded to other
people's perspectives."

Community Member,ACT Parent Partner

There are many ways to define co-production. Put simply, co-production is collaboration where different groups — families, people at organizations, across teams or roles — bring their strengths, experiences, and influence together to learn, solve problems, and make decisions.

Co-production is an approach where families, patients, partners, providers, and community members work together, sharing influence, skills, and experience to design, own and analyze outcomes and solutions.

KEY COMPONENTS

Community-Identified Priorities:

Community stakeholders set the agenda

Solution-Based Resources:

Uplifting community assets and strengths

Equitable Partnering:

Sharing power for mutual gain; removing barriers to full participation

Why co-production matters

Co-production is a crucial strategy to achieve equitable health outcomes. We believe that excellent, equitable outcomes are achievable when we intentionally engage those who have lived experience with the issues we're trying to address.

- The best way to get to solutions is by co-creating them with those most affected by whatever issue we're tackling.
- By centering those with lived experience of inequity, we are better equipped to find solutions that lead to equity.
- Co-production is one mode of engaging community stakeholders in building strategies, programs, and services with the community, not for them.
- Co-production allows everyone involved to feel ownership of and examine how things turn out, together.
- Working with, not for community, opens a path toward a more equitable, inclusive healthcare system.

By collaborating with families, leaders, and organizations in the community, we learn to ask better questions, solve more critical problems, build stronger relationships, make new connections, and uncover deeper insights to strengthen our work of *Pursuing Our Potential Together*.

Connecting Equity To Co-Production:

Acknowledging Racism And Marginalization

The vision of ACT is to help ensure Cincinnati's 66,000 children are the healthiest in the nation through strong community partnerships. We believe that financial, social, environmental, and racial inequities affect the health and well-being of children. We acknowledge that historical and structural marginalization, disenfranchisement, and racism are **root causes** of these inequities, particularly in communities of color.

If we want to achieve equity in health outcomes and communities, we must include those historically excluded from resources and decision-making processes. When we co-produce, we address issues and design solutions inclusively and collaboratively.

Healing-centered, trauma-informed

How might we invite people in to co-produce when our day-to-day experiences and perspectives are different? It starts by honoring each participant's expertise and their ability to contribute meaningfully to our shared efforts.

To authentically engage families and community partners, we also need to operate with sensitivity to the community-level and personal-level trauma hospital staff, community partners, and family partners may be holding due to lived experiences of racism and inequity.

Trauma-informed approaches can help us create space for healing. Safe, caring, and inclusive environments for all collaborators invite them to bring their gifts and strengths. "The status quo practice of current systems that have been historically designed to exclude certain populations, namely low-income communities, communities of color, women, youth, previously incarcerated people, and queer or gender non-conforming community members. This understanding is important because if concerted effvorts are not made to break down existing barriers to participation, then by default marginalization occurs."

Rosa González,
 Facilitating Power¹

¹ González, R. (2020). The Spectrum of Community Engagement to Ownership

Consider the following principles² of trauma-informed care as you co-produce:

Safety

Ensure physical and emotional safety

- Recognize and respond to how racial, ethnic, religious, gender or sexual identity may impact safety
- If family and community partners do not feel safe in their full identities, authentic co-production will not be possible

Choice

Maximize access to choice

- Address how privilege, power, and historic relationships impact perceptions about and ability to act upon choice.
- Ensure people you are co-producing with have choice and influence and the psychological safety to exercise it — throughout the process.

Empowerment

Affirm people for their strengths and capacity

- Identify strengths and build skills
- Foster individual pathways for healing and growth
- Recognize and respond to the impact of historical trauma and oppression
- Invite people to share their gifts and create opportunities to activate them

Trustworthiness

Foster genuine relationships with slow and steady effort

- Make tasks clear and follow through on promises
- Maintain appropriate boundaries
- Create norms for interaction that promote reconciliation and healing
- Understand and respond to ways in which explicit and implicit power can affect the development of trusting relationships
- Acknowledge and address internal biases and recognize the historic power of majority populations
- Name any potential "elephants in the room" to help to stem feelings of distrust

Collaboration

Invite people to make decisions about issues that affect them

- Seek to minimize the impact of inherent power differentials
- · Maximize collaboration
- Share responsibility for making meaningful decisions.
- Ensure you share power and center community partner expertise during co-production

² Adapted from Center for Trauma Informed Innovation at Truman Medical Centers. The five principles were initially based on Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol; Community Connections; Washington, D.C. Roger D. Fallot, Ph.D. and Maxine Harris, Ph.D. April, 2009. The revised Missouri Model Principles of Trauma Informed Care were approved October 2018 by the Missouri State Trauma Roundtable.

Reflection Activity

Think about the five principles of Trauma-informed Care. How might they show up in your work?

- What trauma-informed practices should you continue?
- What trauma-informed practices could you start applying?
- What practices should you stop to be more traumainformed?



Unpacking power and privilege

Power (our ability to influence) and privilege (unearned advantage typically conferred to dominant groups) impact the way people interact with each other. Power and privilege may come in the form of your title or role, your education, your race, your gender, your ability, and more. Power and privilege are often silent factors in groups, even when we intend to create welcoming and inclusive spaces. For instance, individuals from marginalized groups may hesitate to openly share their experiences with people from privileged groups for fear of being discounted.

When you engage community partners and families, it's important to be aware of your own privilege and how you might be perceived by a community member. It's your responsibility to make the extra effort to ensure community and family partners feel safe.

"How can [Children's] come into the neighborhood and talk to the families like [parents] do? You're no longer a doctor, someone 'above anyone.' Come as a human being, come open, ready to receive a lot of truths you may not hear or receive at your normal tables."

— ACT Parent Partner

Here are a few tips for making everyone feel comfortable:

People over positions.

• Starting with people's strengths and passions (not their resumes) can foster connections.

Dropping titles and working on a first-name basis can also help humanize everyone in the room.

Listen to learn, not to solve.

• Often, we get distracted by what we want to say or a potential solution and stop listening. Reserve judgment and allow yourself to just be present.

Name power and privilege.

• If you hold privilege, recognize it. If you see power dynamics playing out, acknowledge and interrupt them.

Practice curiosity and compassion.

• Make eye contact, ask questions, and listen actively. Acknowledge and reflect back what people say, and thank them for sharing their stories.



Reflection Activity

Reflect on how power, privilege, and oppression may show up across all the intersectional identities you hold.

These worksheets, adapted from Anneliese Singh's Racial Healing Handbook, may be helpful as you and your team unpack your own multifaceted identities.

"We may [all] come to the table with solid ideas in our heads, but that can transform once walls are down, barriers are down, and people are willing to receive and be vulnerable. Share, but also receive. Honoring the perspectives at the table."

— ACT Parent Partner

Readying yourself for co-production

Practicing co-production often means working in new or different ways, with new or different folks. Adopting self-reflection and mindfulness practices will help you stay in a place of learning, rather than holding onto the feeling that you already have the answers or fear that you might make a mistake.

The truth is, we will make mistakes.

To truly invite collaboration, we have to be prepared to be accountable and vulnerable in the face of missteps and keep learning. And as Maya Angelou once said, "when we know better, we do better." Here's a few ways you can ready yourself for the co-production journey.

Gain an understanding of the root causes of inequity.

Educate yourself on the ways structural racism and white supremacist practices have shaped our nation's culture, infrastructure, and systems. As you learn, center those with firsthand experiences of inequity as the experts on issues that impact them.

Build relationships to build trust.

Expect to spend time getting to know those you're co-producing with, deciding how you want to work together, and understanding context before you can jump to solutions or interventions. To succeed, co-production requires partnership among equals — with mutual respect, empathic listening, appreciation for diverse perspectives, shared responsibility, and aligned expectations.

Listen, adapt, and respond to community priorities.

Expect your goals and priorities to shift based on community priorities. This may mean we need to drop our agenda, and that's okay. (Tip: Ensure community stakeholders are a part of setting priorities and planning initiatives early on!). Be ready to drop a preconceived agenda, sit with uncomfortable conversations, change plans, strategies, or even your mission, to address the needs that community partners lift up.

Share resources and relinquish power.

Power dynamics show up in whose voices hold weight, whose expertise is valued, and who is invited into decision-making (not just feedback). To do co-production equitably, we must approach planning and decision-making in ways that proactively shift who holds power 'by default'. Position those with lived experience as core team members and key decision makers throughout the change process.

Practice self and community care.

Ensuring folks feel safe and grounded is key when working with issues of inequity and across differences. And if you get overwhelmed or frustrated, take a moment to breathe. Investigate where you're feeling resistance and reflect on how to refocus on the work at hand.



Reflection Activity

Simple breathing and meditation practices, like this body scan offered by Resmaa Menakem, can help you process strong emotions while staying grounded and present. These activities can be practiced independently or done as a group.

Reflect:

Take a moment to pause and notice what you're thinking and feeling. Now, work through the body scan and notice how your body feels. What changes?

Co-Production In Practice

Co-production can play out in many ways, depending on your unique team needs—from the way your team operates to your team's goals. The following process map visualizes a representative co-production journey. While this journey isn't comprehensive or universal, it shows the care and intention we take when seeking and building relationships with individuals and organizations in the community. Importantly, we do not intend that all relationships would or should move across the entire relationship continuum. We also view this process map as a living document, always ready to be improved.



Nurture & Invest

- How will we maintain or expand our partnership?
- · How might we integrate community into our team (e.g. hiring, advising)?
- · Who defines progress and how will we measure it?
- How will we share our learnings?

Who Are Our Partners?

Internal CCHMC Partners

- Divisions who are also addressing community and population health outcomes.
- Community Health Workers, Community Relations, Infectious
 Diseases Unit, Mayerson Center, Breastfeeding Medicine/All Moms
 Empowered to Nurse (AMEN), and Cradle Cincinnati.

Parent and Family Partners

- Family reflects anyone who is a parent, caregiver, close relative or friend, or someone deeply involved in a child's wellbeing.
- ACT Parent Partners, Patient-family or community advisory boards.

External Community Collaborations & Partnerships

- Local non-profits, businesses, faith communities, and other key stakeholders.
- Avondale & Price Hill Libraries, Cincinnati Public Schools, The Community Builders, Gabriel's Place, Santa Maria Community Services, Freestore Foodbank, Hamilton County Jobs and Services, SVDP, United Way, Urban League, University of Cincinnati.
- Attendance at community meetings such as council meetings, safety meetings, and public meetings being held by any of our partners

Co-Production Spotlight: Reading On Reading

Reading on Reading was a parent-led, multiple site, one-day community literacy event held for the first time in September of 2019. The event was the idea of a Caring Families Reading Bears parent group member who thought we could employ a play on words to encourage reading in Avondale by showing up and celebrating books and reading all along Reading Road for one entire day.

Successes of the Reading on Reading event included:

- Hosted 7 reading stations
- Staffed by 10 parent volunteers
- Collected 178 promise signatures
- Provided 250 book giveaways, many featuring culturally diverse characters
- Local News Station dubbed it "a creative push by parents to get ALL ages to read"
- Community members exclaimed: "This experience made me think differently about reading!"

Co-Production In Practice

The planning process for Reading on Reading started in late Spring of 2019, with two community members who embraced the idea and were willing to co-chair the event. During our first meeting, we did a blue-sky brainstorm where we all dreamed about what kind of event we could hold if we did not have any obstacles in our way. This yielded us a big, beautiful list of things we could continue to work toward if our event became a yearly celebration. For the time being, we went through our initial list and pared it back to what we felt was achievable for our first year. We then chose a date for the event and made a timeline of what needed to be done in order to meet our deadline, working backwards. Once we had our timeline nailed down, we assigned tasks to the committee, which included the two community members as well as two ACT staff.

Examples of tasks and milestones include contacting local businesses on Reading Road to ask if they would be willing to participate or sponsor the event, purchasing water, snacks, and other supplies to have on hand at "reading stations" along the road, curating a list of diverse books to purchase and give away to readers, contacting the media to promote the event, as well as framing everything we were doing through QI science and testing as we went.



Listed below is a non-exhaustive list of how co-production showed up in this case study as well as other ways you can practice coproduction in your work and initiatives.

- Inviting families to the "meeting before the meeting" (the preplanning activities where agendas and goals are set)
- Listening to and activating parent and family ideas
- Uplifting and centering parent and family expertise
- Assembling a core team that includes community partners or patients and families
- Brainstorming sessions that include cross-collective (internal, external, and parent/family) input
- Co-creating mechanisms for action
- Engaging other internal team members throughout a process
- Co-creating and/or providing a platform that teams can access to cross-share ideas and contribute to an initiative

Co-Production Assessments & Tools

With so many factors to consider around co-production and equitable engagement, you may wonder how to assess your progress. This section highlights four co-production assessments and our suggestions for when to use them:

1.

Assessing Team
Dynamics and
Mindsets

Team Science and Psychological Safety Assessment

2.

Assessing Team Readiness for Coproduction

Co-production Readiness Tool 3.

Assessing Progress and Setting Coproduction Goals

Engagement and
Community Building
Maturity Matrix

4.

Unpacking Race Dynamics

Racial Equity Map

Teams will be at different points in the process of being ready to engage with the community and that is natural. In fact, it's normal to be "ready" in some areas and still learning in others! Identifying areas for growth — even if you've already been co-producing for a while — is a critical step in preparing your team for successful community engagement.

These tools are designed to help you get ready for and keep learning about co-production. They can help you assess growth areas and provide space for goal-setting.

Getting Started

Who's my "team"?

You'll notice that throughout the tools, the word "team" is referenced. Teams may be or mean many things. They may be an Improvement Team, a Clinical Team, etc. Think of this team as the core group in your current or planned co-production work. Teams may include clinicians, community health workers, social workers, nursing staff, quality improvement specialists, and more, depending on the effort. Ultimately, it is up to your individual team to determine how you define who will participate in the assessment.

Though the tools can be used as stand-alone assessments, it is recommended that you engage them collectively and sequentially (when appropriate). These assessments can be taken individually, but they are most useful to foster deeper conversations among teams who are planning or currently co-producing in and around Children's, within the surrounding community, and with partners.

Who will assess my results?

These tools are self-assessed. It is worth noting that we recognize that self-assessments are inherently subjective. We do not expect these tools to be faultless or empirical. Rather, they are intended to spark self-reflection, awareness, and discussion among co-production practitioners that allow us to see our strengths and opportunities to grow. Tip: keep track of your scores and revisit the tools periodically to see progress over time.

When using these selfassessments, elements of subjectivity may arise. It is also possible, if not probable, that confirmation bias (the tendency to process information by looking for, or interpreting, information that is consistent with one's existing beliefs) may arise. One way to mitigate the subjective nature of this tool is to invite all members of the team to individually take the assessments and then come back together to process findings collectively as a team as a way to better understand your results.

Centering equity in assessments

It is important to notice and acknowledge certain elements that may influence how one evaluates oneself and the team, such as the level of power one holds in their position and identity dynamics such as race, gender, orientation, etc. When evaluating your team's results, critically assess how power, race, and positionality may impact your results and the dynamics on your team. Self-reflection may be helpful as team members unpack their various identities. These worksheets, adapted from Anneliese Singh's Racial Healing Handbook, are a good place to start.

Finally, when evaluating the results of the assessments, pay close attention to discrepancies across the team's results — taking care to recognize that everyone's perspective is valid and the perspectives of those with lived experience of inequity should be elevated.

³ https://www.britannica.com/science/confirmation-bias

Co-Production Tools

You'll find printable and downloadable versions of these tools in the appendix of this document.

Assessing Team Dynamics and Mindsets:

Team Science & Psychological Safety Assessment



30 minutes

WHAT IT IS

A brief survey to assess team dynamics and sense of psychological safety, two elements that are essential to optimal co-production.

This tool measures team dynamics and mindsets using a Likert scale to assess readiness to engage with parents/families. It can be used as a foundational tool and the first tool to be used before moving into co-production with external partners. This assessment is a good way to evaluate team functioning before engaging in co-production. Your results can help you identify and address issues that could cause harm or alienate parents, families, or community partners. There are two sections in this assessment: **Team Science** and **Psychological Safety**. While it is OK to take and score both sections as one full unit, you may also want to take and score each section separately. This could provide more clarity on which area(s) your team may choose to work and improve upon.

eam Science				
Statement	Strongly Agree	Somewhat Agree	Somewhat Disgree	Strongly Disagree
All of the members of our improvement team communicate effectively. 1.				
Our team is able to utilize all improvement team members' strengths.				
Our improvement team is able to identify and resolve conflicts when they arise.				
Improvement team meetings are productive.				
 Overall improvement team collaboration is efficient. 				
Our improvement team is able to identify and resolve conflicts when they arise.				
7. In general, I feel that there is mutual respect on my improvement team.				
In general, I find that my improvement team members are open to feedback.				

- When considering engaging families and community partners in co-production
- To understand how team dynamics may impact collaboration among your internal team and/ or with partners and families

You'll find printable and downloadable versions of these tools in the appendix of this document.

Assessing Team Readiness for Co-Production

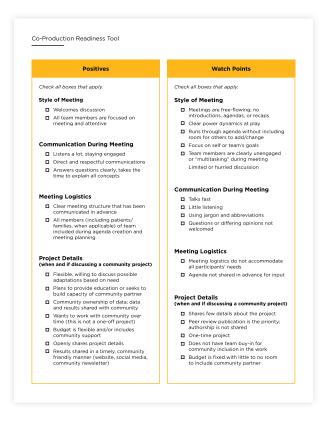
Co-Production Readiness Tool



30 minutes

WHAT IT IS

This tool measures a team's readiness for co-production and can help a team assess readiness to engage with family and community partners in improvement work. It provides a list of things to consider and look for when observing a team meeting. Once the team is engaged in the work, this tool can also be used by the partner (e.g. parent/family/community partner) the team is working with as a way for the partner to assess the team.



- When you want to assess readiness for co-production
- When you want to identify ways of working that will lead to more effective co-production
- When you want to understand areas to improve during co-production

You'll find printable and downloadable versions of these tools in the appendix of this document.

Assessing Progress and Setting Co-Production Goals:

Engagement & Community Building Maturity Matrix



30 - 60 minutes

WHAT IT IS

A tool to assess a team's maturity in engaging and building relationships with family and community partners. It helps teams assess current behaviors against components of community engagement, which can be useful in identifying strengths, gaps, and setting goals.

Components of the Engagement & Community Building

Co-Production

Families, patients, patrents, clinicians, a controlled production is not expected.

Co-Production

Families, patients, a patrents, clinicians, a controlled production is not expected.

Co-production

Families, patients, a patrents, clinicians, a controlled production is not expected.

Co-production

Families, patients, a patrents, clinicians, a controlled production is underway.

Performed by build all participate & Co-production of families, patients, a patrents.

Co-production

Training in co-production and leadership.

Training in community

- To assess co-production maturity or progress
- To aid in setting coproduction goals
- To spark thoughtful and respectful conversations on your team
- To identify action steps to advance coproduction together

Co-Production Tools

You'll find printable and downloadable versions of these tools in the appendix of this document.

Unpacking Race Dynamics:

Racial Equity Map

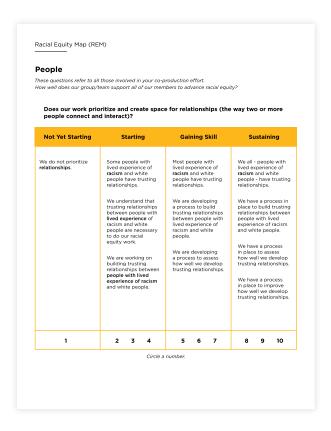


1 - 3 hours

WHAT IT IS

This tool helps teams assess factors that can contribute to or detract from advancing racial equity. It helps teams assess where they are on their racial equity journey, spark thoughtful and respectful conversations, and identify action steps to advance racial equity together.

While many of the factors assessed in this tool could be applied to broader intersectional equity efforts, this tool assesses race and race dynamics specifically. This assessment focuses on people and power (e.g. among colleagues or between Hospital personnel and families). Key terms are defined in the tool and hyperlinked terms are defined in the **REM glossary.**



- To understand readiness, progress, and/or gaps specific to racial equity
- To inform goal-setting around racial equity efforts
- To spark team discussion about issues of racial equity

Moving To Action: Recommendations For Equitable Community Engagement

Congrats!

If you've made it this far, you've learned quite a bit about co-production. As you work toward deeper, co-creative community partnerships, these recommendations will help you plan equitable community engagement that goes beyond standard feedback, attempts to build stronger relationships with community, and values community as experts of their own lives.

6 RECOMMENDATIONS FOR EQUITABLE COMMUNITY ENGAGEMENT

#1: Value lived experience as a form of expertise.

The community are experts of their own lives. Center their voices. Share power and decision-making. Families want to be teammates and not tokens. How might we value lived experience as a form of expertise through this process?

#2: Ask ourselves: Do we REALLY need community feedback?

Impacted communities are over-researched and, often, research practices are extractive. Mitigate engagement fatigue by acting on things the community has already told you. Evaluate what new input you actually need to act.

How might we honor what the community has already shared with us? What will the community gain from this engagement?

#3: Pay Community for Their Expertise and Time.

Time is valuable and costly. Appreciate people for showing up and the multiple points of contact they have with you. Tip: offer a fair hourly rate for ongoing engagement. How might we make sure people are compensated for their time and contributions?

#4: Go Beyond Feedback to Center Community Leadership.

Co-production should amplify families and community partners as leaders who hold critical expertise to influence strategic decisions. This means going beyond input to actually cocreate practices, solutions, etc. rooted in community ownership. How might we highlight the strengths of communities in our engagements?

#5: Give room to heal.

Honor and make space for community trauma. Recognize that co-produced processes require time and space for empathy, compassion, and healing.

Where might we encounter challenges (trauma)? How might we prepare ourselves and our systems to address trauma with empathy?

#6: Build in accountability measures.

Keep your promises, follow up with communities, and develop ways to hold yourself and your organization accountable to the community.

How might we hold ourselves accountable to the community?



Reflection Activity

Choose a recommendation for equitable community engagement that is most important for your organization/co-production team to work on. How can you put this recommendation into practice? Now, choose a recommendation you feel you are making progress on. What can you share with others in the learning network?

Resources For Further Learning

Equitable community engagement, co-production, and antiracism work require ongoing learning, self-reflection, and awareness. While certainly not exhaustive, this guidebook and the following resources invite you to continue your learning journey. It is our hope that we can also continue to learn from and teach each other through our participation in the All Children Thrive Network.

Racial Equity Map Glossary

A resource to help you understand many of the terms and concepts used in racial equity work (Racial Equity Learning & Action Committee/100 Million Healthier Lives).

Trauma-Informed Community Building and Engagement

Context, strategies, and case studies for applying trauma-informed practices to community engagement (Urban Institute).

Spectrum of Community Engagement to Ownership

A framework for assessing and planning community engagement activities, with the goal of centering community ownership (Movement Strategy).

Equitable Community Engagement

A summary of Design Impact's six principles for equitable community engagement and reflection questions for teams. Also includes the "Gift Explosion" worksheet, which can be used with community partners and family partners to celebrate the strengths they bring to co-production (Design Impact).

Privilege Wheel: Understanding Your Power and Privilege

A reflection activity to help you understand your own personal power and privilege, particularly in relation to community-engaged work (Americans for the Arts/Art Equity).

The Racial Healing Handbook

A workbook containing practical tools to help you navigate daily and past experiences of racism, challenge internalized negative messages and privileges, and handle feelings of stress and shame. You'll also learn to develop a profound racial consciousness and conscientiousness and heal from grief and trauma (Anneliese Singh).

Why Am I Always Being Researched?

A guidebook for community organizations, researchers and funders to help us get from insufficient understanding to more authentic truth by exploring seven ways power dynamics block information that could drive better decisionmaking and fuel more investment in communities most in need. (Chicago Beyond)

Metathemes: Designing for Equitable Social Change

This report details 6 Metathemes: opportunities for social change that persist across sectors and communities. Each Metatheme amplifies the lived experiences of community collaborators and is paired with equity calls to action that challenge social changemakers to do the work necessary to stay accountable to themselves, each other, and communities. (Design Impact)

About the Authors

The Well-Being With Community Team

The Well-Being with Community Team is led by Carley Riley and supported by various members including a researcher, quality improvement specialist, project management specialist, data analyst, and community engagement specialists. Our mission is to improve health, wellbeing, and equity for children living in neighborhoods with greater burdens of social hardships and adverse health outcomes.

For more information, to discuss the results from your assessment, or to make a plan for moving forward in your community engagement strategy, please reach <u>out to:</u>

Connie Stewart

constance.stewart@cchmc.org

Carley Riley carley.riley@cchmc.org



Carley Riley

Well-being with Community Improvement Team Lead and Assistant Professor with the Division of Critical Care at Cincinnati Children's, Carlev is a lead investigator within the Well-being Research Team, an academic-industry research collaboration between Yale University Center on Outcomes Research and Evaluation and Healthways, Inc. Carley is also a member of the 100 Million Healthier Lives Metrics Hub. as well as a 100 Million Healthier Lives Measurement Advisor.



Kristen Gasperetti

Well-Being with Community
Project Management Senior
Specialist has worked in a
variety of nonprofits focused
on addressing the several social
determinants of health. Kristen
is currently working on her MPA
with a concentrate of social
justice.



Allison Parsons

Well-Being with Community Project Lead and a Research Associate with the Division of Critical Care at Cincinnati Children's. In her research, Allison partners with community members and stakeholders to design and conduct research that addresses the impact of structural racism on child health outcomes.



Vivian Sevilla

Well-Being with Community
Quality Improvement Specialist
has extensive experience in
continuous improvement
and affecting change in
health and social outcomes.
Before coming to Cincinnati,
she led grant-funded mass
incarceration reform efforts
in Asheville, NC, aimed
at increasing community
engagement and eliminating
racial disparities in the criminal
justice system.



Geneita Singletary

Well-Being with Community Engagement Specialist has worked in a variety of non-profit and healthcare roles focused on Health and Wellness disparities within the African American and Hispanic communities.



Nicole Sofer

Well-Being with Community Engagement Specialist has a comprehensive background in family engagement, strategic planning and developing strong partnerships. She is passionate about helping families reach their full potential through relationship building and connecting resources.



Connie Stewart

Well-being with Community
Engagement Consultant, is
a management professional
with extensive experience
improving processes and
workflows, is passionate
about working with families
and organizations, and fosters
new & existing relationships with
collaborative partners.

Design Impact

<u>Design Impact</u> is a social innovation nonprofit that designs inclusive and creative approaches to complicated social problems. We combine design, social justice, and leadership practice to address pressing issues, equip communities, and inspire social change.

If you have any questions about the content in this guide, please contact:



Sarah
Robertson
sarahr@d-impact.org



Desiré
Bennett
desire@d-impact.org







APPENDIX:

Co-Production Assessments& Tools

Co-Production Readiness Tool

How to Use

- Ask a team member or community stakeholder to observe a typical team meeting to take note of behaviors they observe
- Invite observers with diverse points of view (or invite all participating to conduct the evaluation) to ensure the assessment reflects divergent experiences
- Check all boxes that apply

This tool measures a team's readiness for co-production and can help an Improvement Team assess readiness to engage with family and community partners in improvement work. It provides a list of things to look for when observing a team meeting. Once the team is engaged in the work, this tool can also be used by the partner (e.g. parent/family/community partner) the team is working with as a way for the partner to assess the team.



30 minutes

HOW TO ASSESS YOUR RESULTS

Once you have completed the assessment, below is a way to gauge where your team falls on the scale. Please note that the ranges below apply to all categories within the Positive and Watch Point buckets. If you are not yet engaged in all aspects of the work, please keep this in mind and take note of your score accordingly.

WHERE YOUR TEAM RANKS

Positives

16: You're checking all of the boxes and doing the right work — keep it up!

8 - 15: You've got the formula down and are well on your way to co-producing effectively and efficiently. Keep an eye out for what you can improve upon going forward.

0 - 7: You have some work to do but don't fret — now that you're aware of this, you can make positive changes accordingly.

Watch List

0: In this case, not checking all of the boxes is a good thing! Your team is running effective, co-productive meetings — keep it up!

1 - 6: It's only natural that some of these watch points will creep into your meeting structure from time to time. Now that you are aware and attuned to some of these issues, work to improve on them.

7 - 17: It's time to regroup as a team and explore ways to improve your team's meeting structure. Below are some suggestions on steps you can take moving forward.

- Reach out to others doing this work (individually or at QTIPS) to discuss and garner best practices to improve meeting engagements.
- Talk with your improvement lead to discuss strategies for improving your team's meeting style.
- Brainstorm with your team (and partners, when applicable) on ways to make improvements moving forward.

Positives	Watch Points
Check all boxes that apply.	Check all boxes that apply.
Style of Meeting ☐ Welcomes discussion ☐ All team members are focused on meeting and attentive Communication During Meeting ☐ Listens a lot, staying engaged ☐ Direct and respectful communications ☐ Answers questions clearly, takes the time to explain all concepts	Style of Meeting Meetings are free-flowing; no introductions, agendas, or recaps Clear power dynamics at play Runs through agenda without including room for others to add/change Focus on self or team's goals Team members are clearly unengaged or "multitasking" during meeting Limited or hurried discussion
Meeting Logistics ☐ Clear meeting structure that has been communicated in advance ☐ All members (including patients/families, when applicable) of team included during agenda creation and meeting planning	Communication During Meeting Talks fast Little listening Using jargon and abbreviations Questions or differing opinions not welcomed
Project Details (when and if discussing a community project) Flexible, willing to discuss possible adaptations based on need Plans to provide education or seeks to build capacity of community partner Community ownership of data; data and results shared with community Wants to work with community over time (this is not a one-off project) Budget is flexible and/or includes community support Openly shares project details Results shared in a timely, community friendly manner (website, social media, community newsletter)	Meeting Logistics Meeting logistics do not accommodate all participants' needs Agenda not shared in advance for input Project Details (when and if discussing a community project) Shares few details about the project Peer review publication is the priority; authorship is not shared One-time project Does not have team buy-in for community inclusion in the work Budget is fixed with little to no room to include community partner

Racial Equity Map (REM)

How to Use

- Each team member takes the assessment individually. Think from the perspective of your improvement team.
- The team meets to discuss all individual scores. We have offered reflection questions below.
- The team decides on a collectively agreed-upon team score for each question. Circle the number.
- The team brainstorms next steps and actions based on learnings.
- This tool can be paired with the Team Science & Psychological Safety assessment, which can help you understand your team's ability to engage in open and honest discussion.

This tool helps teams assess factors that can contribute to or detract from advancing racial equity. It helps teams assess where they are on their racial equity journey, spark thoughtful and respectful conversations, and identify action steps to advance racial equity together.

While many of the factors assessed in this tool could be applied to broader intersectional equity efforts, this tool assesses race and race dynamics specifically. This assessment focuses on people and power (e.g. among colleagues or between Hospital personnel and families). Key terms are defined in the tool and hyperlinked terms are defined in the REM glossary.



1 - 3 hours

HOW TO ASSESS YOUR RESULTS

Based on where you score, use the guidelines below to think about what's next.

Not yet started (1): "Now is the perfect time to get started." Reflect on why making progress in this area is important to you, and identify some small improvements that could make a big impact. If the majority of your scores fall in this area, consider some team skill-building to grow your awareness and knowledge around issues of racial equity. Also, consider reaching out to others in the All Children Thrive Network doing this work for learnings and recommendations.

Starting (2-4) "We're in the early stages and are still figuring things out." You've made a commitment to racial equity and that's a critical step! Now it's time to plan for how you can keep up the good work. Prioritize a few new ways you can grow in your equity journey and put them into practice.

Gaining skill (5-7): "We're getting the hang of this!": Way to keep at it — your hard work is paying off! You've been learning and practicing equity, and now it's time to move into sustaining your efforts.

Sustaining (8-10) "This is who we are and how we do our work." You've been living into your commitment to equity — well done! Take note of what's working well, what you've learned, and how you can keep centering equity in your teams, your work, and beyond.

Instructions

The tool is broken into two topics: **People** and **Power**. Each topic has multiple items for you to respond to. For each item, you will score your team from 1-10, based on where you think you fall on the spectrum.

Not Yet Starting Starting		Gaining Skill	Sustaining	
"Now is the perfect time to get started"	"We're in the early stages, still figuring things out."	"We're getting the hang of this!"	"This is who we are and how we do our work."	
1	2 3 4	5 6 7	8 9 10	

Readying Yourself for Reflections on Racial Equity

Facing facts about racism, privilege, and white supremacy is hard. It is natural to experience intense feelings when talking about and reflecting on issues of race, racism, and racial equity. If you hold an oppressed racial identity, these may include pain, trauma, and disappointment. If you hold a privileged racial identity, these may include feelings of defensiveness, shame, or surprise.

Practice Self and Community Care

Notice what emotions and feelings come up for you as you take the assessment. Take care of yourself and those around you in ways that allow you to process the issues that surface. Practices like meditation and breathing exercises can help you stay present, even when you are experiencing discomfort. Discuss with your team why you're taking this assessment and what you intend to do with the results (e.g set goals, change behaviors) to advance racial equity.

Process Findings in Affinity Groups

When processing your results, it can be helpful to hold initial conversations in affinity groups (where people self-select into groups with those who share their racial identity, e.g. people of color and white people). This will allow folks to process their initial reactions without potentially negatively impacting others.

Center those Closest to the Issue

As you move cross-racial dialogue about recommended actions, center the experiences of those with the most lived experience of racial inequity and remain open to different points of view. One of the most valuable uses of this tool is to spark conversation among your team. If you do not feel equipped to lead cross-racial dialogue about equity, consider bringing in an external facilitator.

Discussing Results As a Team

Once each team member has taken the assessment individually, discuss each question and agree on a score collectively. Because each question is individually scored, you can use the assessment several ways, whether to assess holistically where you stand or to dig into the range of scores on a particular item.

- Talk through the number you chose as an improvement team. Discuss reasons for your different numbers. Be sure to include everyone's perspectives.
- Come to a shared agreement on each item's final number. Write down your improvement team's final number for each item.
- Plan your next steps. As an improvement team, identify up to three items that you are ready to work on together.

Discussion Questions

- As you were taking this assessment, what did you notice? What came up for you? What gave you pause?
- How might our racial and other intersectional identities shape our scores?
- What factors have facilitated our ability to make progress so far?
- What barriers continue to get in the way? How might we address them?
- Look at our agreed-upon score for each prompt against the range (highest, lowest) of scores. Where are there outliers? Why?
- Consider the prompts on which we have agreed we score the highest. How can we leverage these strengths to advance other items on the map?
- Look at the areas where we agree we've scored lowest. What elements are priority to address now?

People

These questions refer to all those involved in your co-production effort. How well does our group/team support all of our members to advance racial equity?

1. Does our work prioritize and create space for relationships (the way two or more people connect and interact)?

Not Yet Starting Starting		Gaining Skill	Sustaining
We do not prioritize relationships.	Some people with lived experience of racism and white people have trusting relationships. We understand that trusting relationships between people with lived experience of racism and white people are necessary to do our racial equity work. We are working on building trusting relationships between people with lived experience of racism and white people.	Most people with lived experience of racism and white people have trusting relationships. We are developing a process to build trusting relationships between people with lived experience of racism and white people. We are developing a process to assess how well we develop trusting relationships.	We all - people with lived experience of racism and white people - have trusting relationships. We have a process in place to build trusting relationships between people with lived experience of racism and white people. We have a process in place to assess how well we develop trusting relationships. We have a process in place to improve how well we develop trusting relationships.
1	2 3 4	5 6 7	8 9 10

2. Do we work to improve knowledge and skills around racial equity (e.g. trainings, self-guided work, etc.)?

Not Yet Starting	Starting	Gaining Skill	Sustaining
We do not work on improving our racial equity knowledge and skills.	Some of us recognize the importance of improving our knowledge and skills to advance racial equity. Some of us attend trainings to improve our knowledge and skills to advance racial equity.	Most of us recognize the importance of improving our knowledge and skills to advance racial equity. Most of us attend trainings to improve our knowledge and skills to advance racial equity. We are developing a process to match people with lived experience of racism with white people to work on advancing racial equity based on their individual interests and strengths in order to improve their knowledge and skills. We are developing a process to assess	We all recognize the importance of improving our knowledge and skills to advance racial equity. We all attend ongoing trainings to improve our knowledge and skills to advance racial equity. We have a process in place to match people with lived experience of racism with white people to work on advancing racial equity based on their individual interests and strengths in order to improve their knowledge and skills. We have a process in
		a process to assess how well we are improving our racial equity knowledge and skills.	We have a process in place to assess how well we are improving our racial equity knowledge and skills.
1	2 3 4	5 6 7	8 9 10

3. Does our work promote racial healing?

Racial healing is the need to acknowledge and tell the truth about past wrongs created by individual and systemic racism and address the present consequences. It is a process that can facilitate trust and build authentic relationships that bridge divides created by real and perceived differences.

Not Yet Starting Starting		Gaining Skill	Sustaining
We have not made a connection between racism and racial healing.	Some of us know about the history of racism in the U.S. Some of us know it's important to promote racial healing to do our work. Some of us are learning about ways to promote racial healing.	Most of us know about the history of racism in the U.S. Most of us know it's important to promote racial healing to do our work. We are developing a process to promote racial healing for all members of our organization. We are developing a process to assess how well we promote racial health for all members of our organization.	We all know, and continue to learn, about the history of racism in the U.S. We all know it's important to promote racial healing to do our work. We have a process in place to promote racial healing for all members of our organization. We have a process in place to assess how well we promote racial healing for all members of our organization.
1	2 3 4	5 6 7	8 9 10

4. Do we have goals specific to racial equity?

Not Yet Starting	Not Yet Starting Starting		Sustaining
We do not have goals specific to equity and/or racial equity.	We have team equity goals, but they are not specific to racial equity	We are developing team racial equity goals. We are developing a process to make sure we are advancing our racial equity goals. We are developing a process to assess how well we are advancing our racial equity goals.	We have team racial equity goals. We have a process in place to make sure we are advancing our racial equity goals. We have a process in place to assess how well we are advancing our racial equity goals.
1	2 3 4	5 6 7	8 9 10

5. Do we talk openly about racial equity?

Not Yet Starting Starting		Gaining Skill	Sustaining
We do not talk about equity. We talk about equity; however, we do not talk about racial equity.	Some of us accept that tension is part of addressing racial equity. Some of us have honest conversations about racial equity.	Most of us accept that tension is part of addressing racial equity. We are developing a process to have safe and brave conversations about racial equity. We are developing a process to assess how well we have honest conversations about our struggles with advancing racial equity.	All of us accept that tension is part of addressing racial equity. We have a process in place to have safe and brave conversations about racial equity. We have a process in place to assess how well we have honest conversations about racial equity. We have a process in place to improve how we have honest conversations about racial equity.
1	2 3 4	5 6 7	8 9 10

Power

These questions refer to all those involved in your co-production effort. How well does our team share power with all of our members?

1. Does our work share and distribute power and decision-making?

Power refers to control, authority, or influence over others or a course of events. For example, power in systems is the ability to control those systems. Power may be associated with roles, title, identity, leadership, perceived social standing. Power can also come in the form of control over budgets, strategy, resources, timelines, information, etc.

Shared power means those with power relinquish control and give others authority to act, often collaboratively, engaging the perspective of many. Co-production is one way to share power.

Not Yet Starting	Starting	Gaining Skill	Sustaining
A few of us within our team share power.	Some of us within our team share power. We know we should have a process to share power within our team.	Most of us within our team share power. We are developing a process to make sure all members of our team share power. We are developing a process to assess how well we share power within our team.	All members of our team share power. We have a process in place for all members of our team to share power, including people with lived experience of racism. We have a process in place to assess how well we share power with all members of our team, including how well we share power with lived experience of racism. We have a process in place to improve our ability to share power with all members of our organization.
1	2 3 4	5 6 7	8 9 10

2. Does our work share decision-making?

Not Yet Starting	Starting	Gaining Skill	Sustaining
A few people in our team are involved in decision-making.	Some members of our team are involved in the decision-making process. We sometimes engage people with lived experience of racism in decision-making. We know we should have a process to engage all members of our team in decision-making.	Most members of our team are involved in the decision-making process. We often engage people with lived experience of racism in decision-making. We are developing a process to make sure all members of our team are involved in decision-making.	All members of our team are involved in the decision-making process. We have a process in place to share decision-making with all members of our team. We have a process in place to assess how well we involve all members of our team in decision-making. We have a process in place to improve how well we involve all members of our team in decision-making.
1	2 3 4	5 6 7	8 9 10

Engagement & Community Building Maturity Matrix

How to Use

- Identify your Improvement Team.
- Each team member will rate the improvement team on each of the components.
- Once complete, the improvement team will share and average individual scores to create one assessment score for the team.

This tool assesses a team's maturity in engaging and building relationships with family and community partners. It helps teams assess current behaviors against components of community engagement, which can be useful in identifying strengths, gaps, and setting goals.



30 - 60 minutes

HOW TO ASSESS YOUR RESULTS

Once you have completed the assessment, below is a way to gauge where your team falls on the scale. We know not every team will reach the Idealized State. This tool can help measure where on the matrix your team falls and pushes the team to ask itself where on this matrix do we want to see ourselves?

Not Started (1): This is the perfect time for your team to create a plan to engage in co-production work. Since nothing has yet started, the possibilities are endless. The most important thing at this stage is to start!

Beginning (2): "We're in the early stages and are still figuring things out." You've made a commitment to racial equity and that's a critical step! Now it's time to plan for how you can keep up the good work. Prioritize a few new ways you can grow in your equity journey and put them into practice.

Intermediate (3): Your team is well on its way to co-producing internally and externally with patients, families, and community partners. Keep intentionally moving the work forward.

Mature (4): Your team is poised for co-production success! Remain consistent in your co-production efforts, remembering to engage with patients, families, and community partners along the way.

Idealized State (5): Your team is a model for effective co-production — keep up the good work of engaging patients, families, and community partners!

Components of the Engagement & Community Building

Components	Not Started 1	Beginning 2	Intermediate 3	Mature 4	Idealized State 5
Co-Production¹ Families, patients, partners, clinicians, & researchers are co-creators & co-producers.	Co-production is not expected.	Growing awareness of the need for co-production.	Co-production is underway. Performed by the team with proxy input of families, patients, & partners.	Co-production is performed regularly with active ownership by all. All participate & have defined role.	All work is co-produced with diverse leadership from all members. Coproduction is the default.
Capability Trained in co-production & leadership skills.	No training exists for co-production and leadership.	Training is ad hoc for co-production & leadership.	Co-production & leadership training resources exist. Some efforts are made to increase team capability.	Regular training for co-production & leadership occurs.	A robust training system exist for co- production & leadership. Team development is tracked.
Community Organizing ² Cooperative efforts carried out by local leadership to promote the interests of the community.	No community organizing efforts exist.	Ad hoc community organizing has happened. Organized volunteers to complete the work with some success.	Regular community organizing efforts exist with the team. Organized families, patients, & partners work to complete a team goal.	Frequent and widespread community organizing efforts occur to work to a team strategy.	Community organizing efforts occur all the time and are evaluated & integrated into annual strategic planning.
Knowledge Share ³ Production & sharing of information, knowledge, & know-how (Members: families, patients, partners, providers, community members, organizations).	Sharing information, knowledge, & know-how does not occur.	Minimal resource sharing exists. Select members contribute resources.	Some members regularly contribute resources. The amount & type of resources is limited.	Many members seamlessly share resources. The amount & type of resources are integrated into a team strategy.	All members share & evaluate the amount & type of resources. Knowledge is integrated into annual strategic planning.

Review each row. Circle the corresponding state (1-5) that best reflects your team.

¹ Co-production is an approach where families, patients, partners, providers, and community members work together, sharing influence, skills, and experience to design, own and analyze outcomes and solutions.

² A form of leadership that identifies, recruits, develops and enables people to use community resources to change conditions, build a theory of change, and translate that theory into a specific community-prioritized goal.

³ Knowledge Share: Activity through which data, information, skills, and expertise is exchanged among partners (e.g. families, patients, community, etc.).

Team Science & Psychological Safety Assessment

How to Use

- Answer the two sets of questions about your experience working in your current Improvement team
- Each team member can take the assessment individually and then average team scores, or you can have a discussion to set scores together

This brief survey assesses team dynamics and sense of psychological safety, two elements that are essential to optimal co-production.



30 minutes

HOW TO ASSESS YOUR RESULTS

Once you have completed the assessment, below is a way to gauge where your team falls on the scale. After taking this assessment, pay close attention to the specific questions that elicit "somewhat disagree" and "strongly disagree" answers. These are the areas your team will want to focus and plan to work and improve on before moving into deep co-production with parents/families.

Strongly Agree: If your team scored mostly "strongly agree" answers, congrats! Your team is putting in the work. Consider periodically revisiting this tool to evaluate where your team is as you engage in coproduction. Also, consider sharing best practices with other teams on maintaining healthy team dynamics.

Somewhat Agree: If your team scored mostly "somewhat agree" answers, your team is well on its way to fostering healthy team dynamics. Continue cultivating a healthy work environment with your team members by revisiting this tool and engaging in productive conversations around how to improve your team dynamics.

Somewhat Disagree: If your team scored mostly "somewhat disagree" answers, there's still hope! You're definitely putting in the work, your team needs to be more intentional about slowing down and communicating more effectively to create a more healthy work environment for your team members.

Strongly Disagree: If your team scored "strongly disagree" the following are steps your team can take in processing your feedback and working to cultivate a more healthy work environment:

- Work with your team to set group agreements.
- invite your team to reflect on root causes of your team's dynamics by creating time to observe, discuss with team members, and figure out what is happening amongst the team.
- Lean on your peers and bring your questions and/or concerns to the ACT learning network.

Team Science

Statement	Strongly Agree	Somewhat Agree	Somewhat Disgree	Strongly Disagree
 All of the members of our improvement team communicate effectively. 				
 Our team is able to utilize all improvement team members' strengths. 				
 Our improvement team is able to identify and resolve conflicts when they arise. 				
 Improvement team meetings are productive. 				
5. Overall improvement team collaboration is efficient.				
6. In general, I feel that I can trust the members of my improvement team.				
7. In general, I feel that there is mutual respect on my improvement team.				
8. In general, I find that my improvement team members are open to feedback.				

Check a box for each row.

Psychological Safety

Statement	Strongly Agree	Somewhat Agree	Somewhat Disgree	Strongly Disagree
 I am genuine & unguarded with my improvement teammates. For example, I ask my teammates for input regarding my area of responsibility 				
 I give input and voice my opinion to others on the improvement team even if I know it might cause disagreement. 				
 When working with members of this improvement team, my skills and talents are valued and utilized. 				
 Members of this improvement team are able to bring up problems and tough issues. 				
5. It is safe to take a risk on this improvement team.				
 During improvement team meetings we usually address the most important or difficult issues at hand. 				

Check a box for each row.

(Continued on following page)

Psychological Safety (continued)

Statement	Strongly Agree	Somewhat Agree	Somewhat Disgree	Strongly Disagree
 People on this improvement team sometimes reject others for having a different opinion or perspective. 				
8. It is difficult to ask other members of this improvement team for help.				
9. If you make a mistake on this improvement team, it is often held against you.				
10. Problems on this improvement team are communicated to the appropriate people so that action can be taken and then resolved.				
11. Network leadership is focused on creating a psychologically safe work environment.				
12. My Improvement Team Lead is working on creating a psychologically safe work environment.				

Check a box for each row.