HEALTHCARE ACCOUNTABILITY LEARNING NETWORK PROJECT PLANNING

HEALTHCARE ACCOUNTABILITY STANDARDS AND PROJECT CRITERIA:

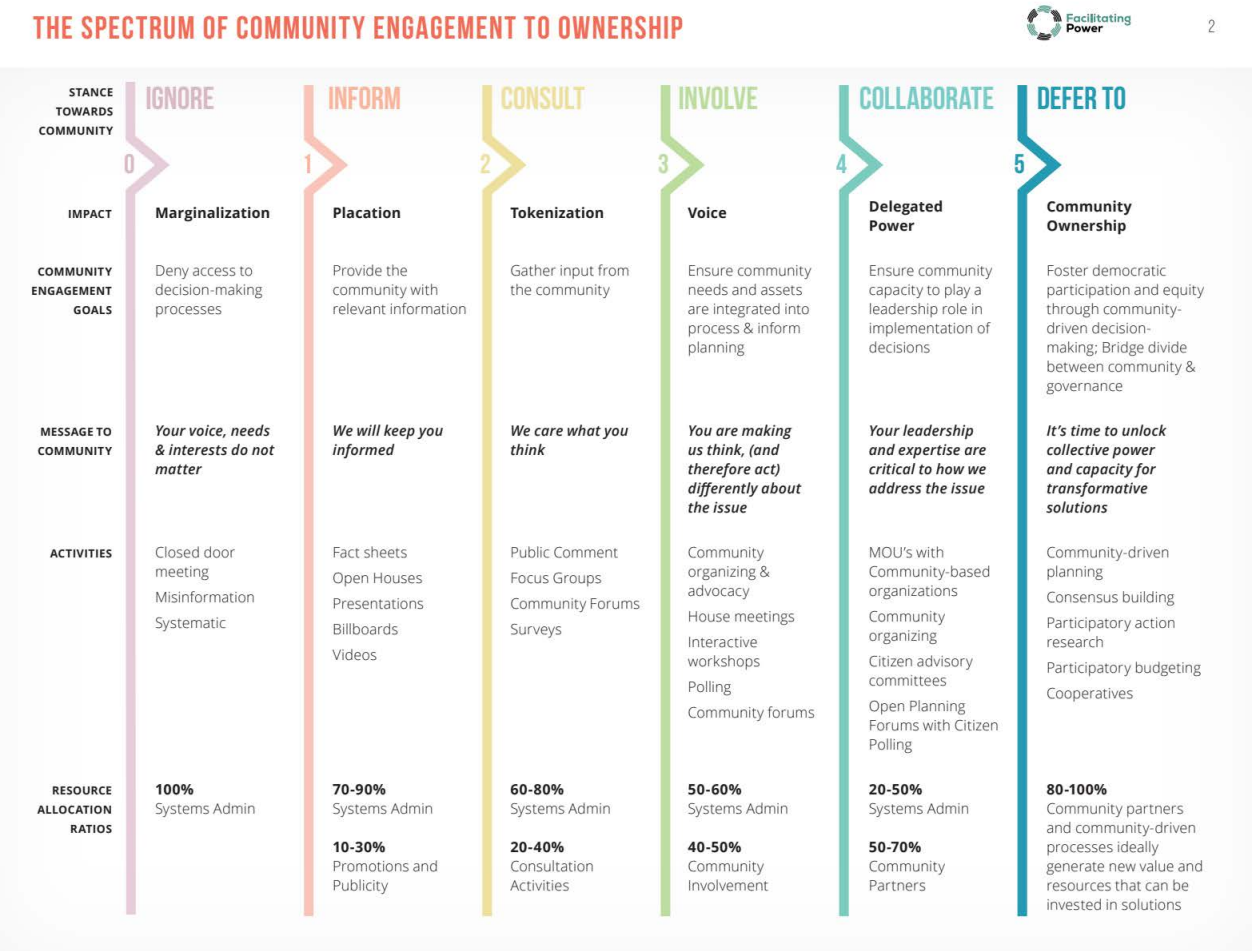
Projects Must:

- Have an end goal of community ownership over an institutional process;
- Explicitly focus on acknowledging and addressing structural racism;
- Have a clearly defined "kickoff" or starting point to be carried out by early summer 2023, with a detailed engagement plan that lays out:
  - Specific definition of community;
  - Existing relationships and relationship dynamics;
  - Understanding of the history between institution and community identified;
  - Specific methodologies for engaging community stakeholders
- Directly address reflections raised from previous work, including: Deny/Delay/Distance/ Distort narratives and tactics, institutional power dynamics and individual sphere of influence, individual positionality, antiracism, and more;
- Touch on one of the following areas: governance, financing, technology/data

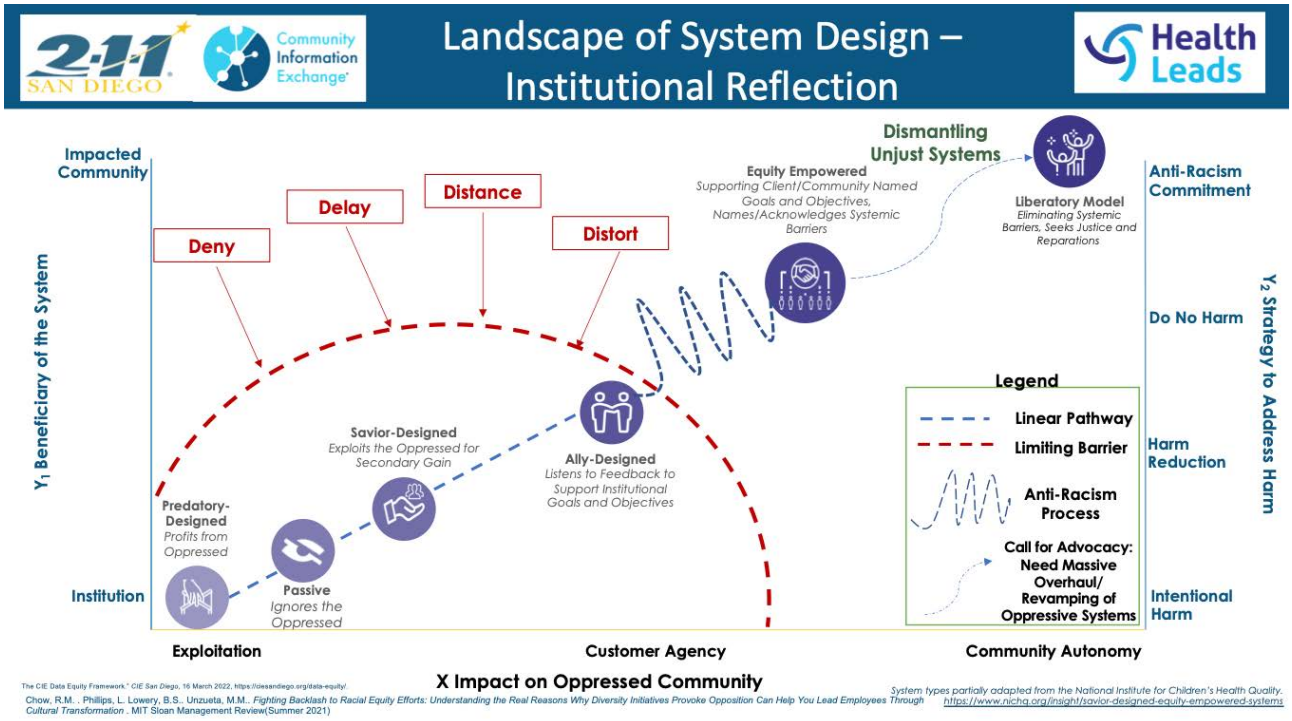
PROJECT PLANNING QUESTIONS

1. Please describe your proposed project in two paragraphs or less.

2. For this learning network, we are specifically requiring projects that will embody Level 5 - community ownership, as defined by the spectrum below. How will your project move your current level of engagement along this spectrum? How will you assess whether you have reached level 5? What mechanism will you use in order for community to share their point of view on whether level 5 is being reached? Please share specific details about the evolution that will take place from your current baseline of community engagement.



3. How are you defining community for this project? What specific populations, stakeholders, relationships will you be engaging?



4. Does the program/intervention/solution have a clear intention and strategy to reduce or address community harm?

5. If yes, how? What harms are being reduced? What are the program/intervention/solution's intentions and strategy aimed at reducing or addressing harm? What is the evidence that it is actually reducing or addressing harm?

6. How does your intervention specifically address structural racism?

7. How does your intervention use truth and reconciliation to acknowledge and address harms that have affected the identified people groups?

8. Are individuals from the community receiving more agency and feeling empowered to shape or exude leadership over the intervention? How do you know?

9. How does this project address a ***specific dynamic you identified in our narratives and tactics reflection?*** What specific breaking of that dynamic will take place?
   - Does the program/intervention/solution have a clear intention and strategy to reduce or address community harm? If yes, how? What harms are being reduced? What are the program/intervention/solution's intentions and strategy aimed at reducing or addressing harm? What is the evidence that it is actually reducing or addressing harm?

10. How does your ***positionality and leadership sphere of influence*** intersect with this project? What power dynamics will you have to navigate?
    - How do you respect and honor the existing power of the community and the most marginalized in your work? What sometimes hinders you from respecting and honoring the power present in the community, particularly the most marginalized in your community?

11. How does your project enable community ownership over the following aspects of health decision-making (if not applicable, please note):
    a. Governance
    b. Funding
    c. Technology and Data
    d. Other (please specify)

12. What challenges do you anticipate?

13. What assets/facilitators do you anticipate?

14. How will this effort be institutionalized (i.e. not just a pilot)? How will you utilize your sphere of influence and your relationships to ensure that this work can be seen, processed, and understood in the broader context of your organizational ecosystem?

15. Given the reflections above, what commitments can you start actualizing right now?